



National Library
of Canada

Acquisitions and
Bibliographic Services Branch

395 Wellington Street
Ottawa, Ontario
K1A 0N4

Bibliothèque nationale
du Canada

Direction des acquisitions et
des services bibliographiques

395 rue Wellington
Ottawa (Ottawa)
K1A 0N4

NOTICE

The quality of this microform is heavily dependent upon the quality of the original thesis submitted for microfilming. Every effort has been made to ensure the highest quality of reproduction possible.

If pages are missing, contact the university which granted the degree.

Some pages may have indistinct print especially if the original pages were typed with a poor typewriter ribbon or if the university sent us an inferior photocopy.

Reproduction in full or in part of this microform is governed by the Canadian Copyright Act, R.S.C. 1970, c. C-30, and subsequent amendments.

AVIS

La qualité de cette microforme dépend grandement de la qualité de la thèse soumise au microfilmage. Nous avons tout fait pour assurer une qualité supérieure de reproduction.

S'il manque des pages, veuillez communiquer avec l'université qui a conféré le grade.

La qualité d'impression de certaines pages peut laisser à désirer, surtout si les pages originales ont été dactylographiées à l'aide d'un ruban usé ou si l'université nous a fait parvenir une photocopie de qualité inférieure.

La reproduction, même partielle, de cette microforme est soumise à la Loi canadienne sur le droit d'auteur, SRC 1970, c. C-30, et ses amendements subséquents.

GROUP ART THERAPY WITH SCHIZOPHRENICS
IN A DROP IN CENTER

Gabriele Hopf

A Thesis
in
The Department
of
Art Education and
Art Therapy

Presented in Partial Fulfillment of the Requirements
for the Degree of Master of Arts at
Concordia University
Montreal, Quebec, Canada

March 1993

© Gabriele Hopf, 1993



National Library
of Canada

Acquisitions and
Bibliographic Services Branch

395 Wellington Street
Ottawa, Ontario
K1A 0N4

Bibliothèque nationale
du Canada

Direction des acquisitions et
des services bibliographiques

395, rue Wellington
Ottawa (Ontario)
K1A 0N4

The author has granted an irrevocable non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of his/her thesis by any means and in any form or format, making this thesis available to interested persons.

L'auteur a accordé une licence irrévocable et non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de sa thèse de quelque manière et sous quelque forme que ce soit pour mettre des exemplaires de cette thèse à la disposition des personnes intéressées.

The author retains ownership of the copyright in his/her thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without his/her permission.

L'auteur conserve la propriété du droit d'auteur qui protège sa thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

ISBN 0-315-84645-3

Canada

ABSTRACT

Group Art Therapy with Schizophrenics in a Drop-in Center

Gabriele Hopf

Exploring the application of non-directive group art therapy in a schizophrenic population, this thesis has two parts. In the first part concepts of group therapy and group art therapy are presented and examined in their relevancy to schizophrenic clients. In the second part these concepts are integrated in the description of an open art therapy group of schizophrenics at a drop-in center.

While describing a non-confrontational, non-directive approach, this thesis does not focus on interpretive interventions, but instead emphasizes the importance of the group art work as communication bridge between therapist and group members.

ACKNOWLEDGEMENTS

I would like to take this opportunity to thank my thesis advisor, Dr Abby Calisch, for her advice, clear suggestions, and continuous support

I would also like to express my gratitude to Irene Gerche who supervised my clinical placements during my graduate training in art therapy and encouraged and supported me in all my art therapy undertakings. To Julia Byers, I extend my appreciation for her ongoing support in the project of my thesis. I also wish to thank Loren Lerner for her assistance in my literature research

And finally, I wish to thank my husband Michael for his patience and support in my art therapy studies and this thesis undertaking and my cat Momo for reminding me to take regular breaks

TABLE OF CONTENTS

Introduction	1
Hypothesis	2
Significance and Purpose	2
CHAPTER I	4
GROUP THERAPY	
1. Stages of Group Development	
a) Parallel Phase	5
b) Inclusion Phase	12
c) Mutuality Phase	17
2. Other View Points on Group Development	
a) Focal Conflict Theory Whitaker and Lieberman	21
b) General Therapeutic Factors Bloch and Crouch	25
CHAPTER II	32
GROUP THERAPY WITH SCHIZOPHRENICS	
1. Situation of the Schizophrenic Population	32
2. Characteristics of Schizophrenics Relevant to Group Therapy	34

TABLE OF CONTENTS

(continued)

3. Group Therapy. Implications for Schizophrenics.	37
4. Group Therapy Format. Implications for Schizophrenics.	61
<u>CHAPTER III</u>	113
GROUP ART THERAPY WITH SCHIZOPHRENICS	
1. Art a Special Form of Communication	43
2. Group Art Therapy: Directive versus Non Directive Approach	46
3. Function of Group Art Therapist	47
4. Group Art Therapy: Objectives and Limitations	54
<u>CHAPTER IV</u>	57
CASE PRESENTATION	
1. Methodology..	57

TABLE OF CONTENTS

(continued)

2 Case Study

Session 1	62
Session 2	68
Session 3	73
Session 4	77
Session 5	82
Session 6	87
Session 7	93
Session 8	98
Session 9	101
Session 10	106
Session 11	111
Session 12	117

CHAPTER V

CONCLUSION	124
------------	-----

Table of Illustrations	viii
------------------------	------

References	132
------------	-----

TABLE OF ILLUSTRATIONS

CHAPTER IV

Figure #1:	64
Figure #2:	70
Figure #3:	75
Figure #4:	79
Figure #5:	83
Figure #6:	84
Figure #7:	88
Figure #8:	89
Figure #9:	95
Figure #10:	99
Figure #11:	104
Figure #12:	108
Figure #13:	113
Figure #14:	119

INTRODUCTION

The focus of this thesis is the application of group art therapy in a drop-in center, located in a large city. The clientele of the center consisted mainly of chronic schizophrenics who were functioning only marginally in society. While taking care of the clients' basic needs such as providing shelter and food, the drop-in center staff initiated occasional outings for their members and offered them the possibility of participating once a week in group art therapy. The participants of this group were encouraged by the art therapist to express themselves freely in drawing, painting, modeling and collage. If they wished they could share their reflections about the art process and the artwork with the therapist and their fellow members.

In order to illuminate the process of this art therapy group theoretical concepts of group therapy as described by Levine, Bion, Erikson, Whitaker and Lieberman, and Bloch and Crouch will be discussed. These concepts will then be used to describe the development, emotional atmosphere and conflicts in the group as well as the utilization of unspecific therapeutic factors. Specific characteristics of group art therapy, the art process and group artwork will be presented as containers and processors of psychological material. The author will relate her own observations to the work of group art therapists such as Wadeson, Lindbarten and Lieberman.

HYPOTHESES

Free self expression in group art therapy can reduce self isolation, modify maladaptive behavior and improve interpersonal relationships in an open art therapy group of chronic schizophrenics.

SIGNIFICANCE AND PURPOSE

In this thesis the author would like to direct the attention of society in general, and that of the art therapy community in particular, to the group of chronic schizophrenics who frequently are excluded from the main stream of life. It can be assumed that their marginalization is not only caused by the negative effects of their schizophrenic illness, but also due to the negative attitudes which they encounter in society. Despite the limiting factors of schizophrenic illness, such as distorted cognitive and emotional functioning, the author hopes to show that schizophrenics are able to improve in various areas when participating in non-directive group art therapy. While the following therapeutic effects of spontaneous art making and art therapy have already been established by different authors working with various populations, this thesis will examine their validity for an open art therapy group of chronic schizophrenics at a drop-in center.

1) The creative process can be experienced as a fun activity which energizes and creates a sense of well being (Miller, 1974)

2) Being an author of their creations, schizophrenic clients can experience a sense of "being in control" which counteracts their feelings of helplessness. (Wadson, 1987).

3) Creating and processing the artwork in group discussion can help them to deal with their "stresses resulting from their isolation and rejection" (Fortin, 1984, p 9, Bussard and Kleinman, 1991).

4) Group art therapy can function like a "communication bridge" between the inner and outer world of the clients, allowing them to externalize their needs and frustrations (Rhyne, 1973, p.156).

5) By raising self awareness group art therapy can assist the clients to modify their maladaptive behavior and increase the quality of their relationships (Stark Shields, 1991, Landgarten 1981).

Describing a non-directive approach in art therapy which is less commonly used with schizophrenic clients, the author will emphasize the role of the group art as a "blue print" of the group situation (Landgarten, 1987, p 9). Furthermore, she will point out the implications of an open group for a schizophrenic population.

CHAPTER 1

GROUP THERAPY

I am like a flag in the center of open space
I sense ahead the wind which is coming, and must live
it through,
while the things of the world still do not move
the doors still close softly, and the chimneys are full
of silence,
the windows do not rattle yet, and the dust still lies down

I already know the storm, and I am as troubled as the sea
I leap out, and fall back,
and throw myself out, and am absolutely alone
in the great storm.

Rainer Maria Rilke

In this first chapter different concepts of group therapy will be presented that can enhance the understanding of the art therapy group with schizophrenics which is the focus of this thesis. While serving as a chronological frame for the group process, Levine's concepts of group developmental stages are used to characterize the group situation. Together with concepts of Bion, Erikson, Whitaker and Lieberman and Bloch and Crouch, Levine's ideas will also be employed to illuminate the irrational aspects of the group. Although the focus of this initial chapter is on group therapy, the author will refer to specific aspects of schizophrenics and group art therapy when appropriate.

1 Stages of Group Development

In order to describe the general development of therapy groups which may be structured differently, Levine has defined a sequence of 4 stages or phases in which the maturity of the group gradually increases:

- 1) The first stage, the "parallel phase", is characterized by a leader-centered dependency of the group members.
- 2) After the resolution of their first authority crisis the group members enter into the second stage or "inclusion phase". The focus of group interaction has now shifted from the therapist to the members who through intra group struggles are knitted together into a cohesive group unit.
- 3) The resolution of a group intimacy crisis paves the way for the third stage or "mutuality phase" (Levine, 1979, p.60). In this "phase of independent participation" the members have reached their most mature and productive level as a work group (Stein, 1982, p.211-2).
- 4) The end of the mutuality phase which is defined as "termination phase" and characterized by separation crises concludes the group life cycle. (Levine, 1979, p 60)

a) Parallel Phase

In this first stage of group development members get to know each other for the first time and begin to interact on a mostly superficial level. According to Levine the parallel phase is characterized by "pseudo interactions." (Levine, 1979, p.95) Members may address each other in their overt communication, but the messages sent are really intended for the therapist. Pseudo-interactions can range from a frank silence with everyone, watching and waiting, to a bubbly hyperactivity with a lot of words passing among the members (Levine, 1979, p.96).

In this atmosphere of insecurity the members perceive the therapist as the sole source of gratification and will disregard or even reject affective contact from other members. A characteristic comment would be " I'm only interested in what the therapist has to say " (Levine, 1979, p.91). Part of this orientation towards the therapist is caused by the clients' uneasiness and fear to be judged by the other group members (Whitaker and Lieberman, 1964, p 119) On the other hand the therapist may be seen as standing outside of the group's pathology and having the ability to satisfy the individual's need for "support, attention, nurturing and gratification" (Stein, 1982, p 215)

The need to fuse with the therapist is especially prominent in the schizophrenic population. Feeling empty inside, fragile members try to incorporate the therapist's strength. (Stein, 1982, Slavson 1964, p.510-13) This characteristic dependency on the therapist is also described by Bion in his "basic assumption of dependency" which is characterized by a feeling of helplessness and awe towards a chosen leader (Bion, 1961, p.158).

Postulating the 3 distinct basic assumptions of dependency, fight/flight and pairing Bion claims that these unconscious emotional states tend to dominate the group process and interfere with the group's work activity which is concerned with the therapeutic task (Bion, 1961, p.156-8) Hare believed that Bion's assumption groups and work group can be assigned to different developmental stages. Signifying increasing group maturity he organized them in the sequence of dependency assumption group, fight/flight and pairing assumption and finally work group (Hare, in Levine 1979, p 66).

Following his suggestion the basic assumption of dependency can be identified as the emotional undercurrent of the parallel phase. In this particular atmosphere the members endow the therapist with all the power hoping that He or She can make things right (Levine, 1979, p.103). While causing a regression of the individual into a state of child-like dependency, this unconscious belief of the group is likely to interfere with the reality-oriented work group activity (Brown, 1985, p.201). Therapeutic goals, such as the increase of the members' autonomy and self esteem in the group might be severely counteracted. Whereas the work group engages in team work and is able to cope with frustration, "the members of a basic assumption group resort unconsciously to primitive strategies which deny reality and are irrational ,even magical in quality" (Bloch and Crouch, 1985, p.83). In their "strategy of dependency" the clients relate to the therapist or another group member "as if he were omnipotent and omniscient". "As the embodiment of wisdom, he will provide the solutions to the group's problems" (Bloch and Crouch, 1985, p 83).

Although being aware of their irrational quality, Brown (1985) claims that basic assumptions such as the dependency assumption do not always impede the group's growth process. On the contrary they can even complement the work group activity by "offering a way of keeping a group together in the face of chaos and feared loss of control and individuality" (Brown, 1985, p 217). This might be especially important in the parallel phase where the newness of the process generates high levels of stress and anxiety. Furthermore the therapist can utilize the group's regression into dependency therapeutically by increasing the

members' awareness of their latent needs (Stein, 1987, p. 211)

Besides its typical pseudo interactions and atmosphere of dependency the parallel phase is characterized by the emergence of specific role patterns. Roles such as the dominator, norm setter, emotional thermostat or juvenile therapist can be played alternately by different members in the group process. However, if a certain role becomes permanent, the player of this role reveals not only his own "psychological make-up", but at the same time responds to a deep need in the group to fill a specific position (Levine, 1979, p.88). Observing that groups often permit and even actively encourage a member to dominate the discussion, Whitaker and Lieberman attributed more importance to this event than to the actual content of the conversation (1964, p.36). On one hand this manipulation of the group member could indicate their ego weakness and their fear of self expression, on the other it could point to a power vacuum that the therapist needs to fill.

To deal appropriately with a so-called dominator is not always easy. Yalom writes that "the habitual monopolist is surely one of the most common and frustrating problems for the therapy group" (Yalom, 1970, p.283). Too anxious to be silent the dominator is described as, "a person who is driven to take up most, if not all, of the group's interaction space" (Yalom, 1970, Levine, 1979, p.116). Levine also links the behavior of dominators in the group to their high control needs. Feeling frustrated by the therapist who does not maintain an adequate level of control for them, dominators try to protect themselves by taking over the group (Levine, 1979, p.107).

Levine suggests that in dealing with the dominator the therapist

should support one facet of what he or she brings for discussion and limit the rest (Levine, 1979). According to his experience initial domination presents a "two-pronged threat" to the therapist. If the person is abruptly limited, then the other members begin to fear the same possible response and become afraid to express themselves. On the other hand, if the dominator is allowed to continue indefinitely, the other members might become extremely angry and drop-out (Levine, 1979, p.108). Taking this into consideration the therapist needs to clarify the "confused relation between power and acceptance" experienced by the members. As a result they will become able to retain their power and affirm themselves without taking on the dominator's role (Levine, 1979, p.148).

Very often the dominators become also indigenous leaders or norm setters (Levine, 1979, p.165-66). In both positions the members acquire the power to determine internal factors for the group such as who belongs to it and who does not. Although a person who plays this role temporarily could contribute new incentives, a member who is frozen in this position would greatly discourage the participation and interaction of more timid members (Levine, 1979, p.165).

Compared to the stimulating function of the dominators and indigenous leaders or norm setters, "group thermostats" play a passive, receptive as well as an active role (Levine, 1979, p.166). They have two functions: on one hand they register the group situation more sensitively than other group members and on the other they may try to prevent the development of emotional charged situations by acting out, joking or sealing over (Levine, 1979, p.166-167). In the special setting

of group art therapy group thermostats might express their heightened sensitivity not only in their behavior but also in their artwork which subsequently becomes a mirror for the group situation. In general, group thermostats can be valuable allies for therapists in their assessment of the group and the timing of their interventions.

The last player that needs to be discussed as a characteristic of the parallel phase, the "junior therapist", is described as "a counterdependent person", trying to help everyone else without taking risks to express himself or ask anything from the group (Levine, 1979, p.168). According to Levine the therapist should first help junior therapists to exert their function and then explore with them the specific meaning of others' difficulties in their own life (Levine, 1979). Besides being a defense against risk taking "the patient's adoption of the helper's role" can also have a positive ego stabilizing function (Maxmen in Bloch and Crouch, 1985, p.221)

The emergence of specific roles in the parallel phase seems to indicate a lack of security in all group members. Levine states that the development of trust is a "critical dilemma" at this particular stage (Levine, 1979, p.93). While the therapist can promote trust by being consistent in her caring, the group members previous experience and their ability to develop trust will ultimately decide whether the group surpasses this critical dilemma

The conflict of "trust versus distrust" is also the crucial theme in the first developmental stage of Erikson's "8 developmental stages of man" (Erikson, 1963, p.24/69). Erikson described the process of trust building in a one year old infant as a "constant longing and

testing of the relationship between inside and outside' (Erikson, 1963, p.243). A group of schizophrenics in the parallel phase may have a lot in common with an infant who, unsure of its boundaries, needs the "predictability of a stable caregiver" to negotiate its first steps of autonomy (Erikson, 1963, p.247). Pertaining to the group, this position would be held by the therapist. Supporting the emphasis on trust in the work with schizophrenics, Erikson believes that the "re-establishment of trust", that has been broken or even absent in the childhood of schizophrenics, is a precondition for successful individual therapy (Erikson, 1963, p.248). This is also true for group therapy where it is a precondition for further group development.

Another important goal to reach in the parallel phase is the establishment of good communication. Levine suggests that "just learning how to talk to each other" might use up the entire group time in the work with schizophrenics (Levine, 1979, p.98). According to him the therapist needs to assist the group in developing a communication system in which clear rules or norms are established. Levine defines these norms as "what group members expect of themselves and of other people in an interpersonal situation" (Levine, 1979, p.108). Although some of the norms that are characteristic for the parallel phase can be openly negotiated such as frequency and length of speaking time, others such as the appropriate amount of self revelation may be only found by trial and error. The therapist who helps the group by modeling adaptive behavior becomes a "communication center" which provides stability for the group process (Levine, 1979, p.105).

"Challenging the centrality and political power of the therapist"

marks the beginning of the first authority crisis (Levine, 1979, p.77). Although typical for the parallel phase the authority crisis can recur during all later phases (Levine, 1979, p.78). It is usually resolved when the therapist yields his or her power to the group members who have the ability to accept it. Levine states that for clients with unresolved authority issues such as schizophrenics the authority crisis can be a "source of deep therapeutic benefit if and when resolved in the group" (Levine, 1979, p.123). However, schizophrenic clients might be unable able to to accept power, because they are incapable of handling autonomy, fearful of rejection or punishment from the therapist or unable to relate to the other members (Levine, 1979, p.120). On the other hand, the magically invested therapist, who frustrates the members by not satisfying their needs, provides a powerful incentive for the group members to move into the next developmental phase, the inclusion stage (Stein, 1985, p. 215).

b) Inclusion Phase

The inclusion phase encompasses a period of group development in which the centrality of the therapist in the group decreases, while the member-to-member relationship increases (Levine, 1979). Having been frustrated by the therapist who did not fulfill their needs, the group members now turn to each other for gratification and acceptance. The first affiliations among the members begin with pairing and subgrouping according to "perceived similarities" (Levine, 1979, p.136). Rejecting those who are perceived as different the group members develop a distinct "group culture" whose outline had already been drawn in the parallel phase (Levine, 1979, Whitaker and Lieberman, 1964, p. 95).

According to Levine the main issue in this group culture is the struggle for acceptance or inclusion in the group (Levine, 1979, p.136). Conflicts, generated by this common quest of all group members, are expressed by the formation of factions around a particular issue (Levine, 1979, p.84). Levine states that these issues can be very ambivalent and draw their intensity from the members "fear of rejection and a tendency to line up on one side or the other of the conflict" (Levine, 1979, p. 137).

Generating a high amount of anxiety through its conflicts the inclusion phase can be a particularly difficult stage for schizophrenic clients. Although some members might be able to confront their own anxiety and that of others, most participants will need to protect themselves against it. The most commonly used defense mechanisms are denial, negative identification and projection (Levine, 1979). Seen in this context the expression of "feelings of boredom or detachment" in the group can be attributed to 2 different defense mechanisms. It can be either interpreted as as denial or as " a veiled form of hostility directed towards the member who generates the anxiety" (Levine, 1979, p.272). In the second interpretation hostility or anger function as an expression of negative identification and negative empathy. By becoming angry with a person, whose behavior and comments remind them of their own difficult reality, fragile members try to protect themselves from painful feelings. The fact that members share the same feelings with the person who evoked their reaction is an intricate part of this defense mechanism.

This is not necessarily true for the third defense mechanism of

projection. Cowden points out that the person who acts as a projection screen for the feelings of the projector might or might not share them (Cowden in Levine, 1979, p. 272). Assisting members to sort out their own feelings from the feelings of others is an important function of the therapist.

The emotional climate of the inclusion phase matches the conditions in Bion's fight/flight assumption or pairing assumption (Bion, 1961, p.99). However, taking into account the isolation of schizophrenic members, the fight/flight assumption may be more characteristic for a group with schizophrenics in the inclusion phase. In the climate of the fight/flight assumption members either attack or flee from group relationships which have become more and more intimate. Their fears of intimacy are constantly ignited on the lightning rods of controversial issues. At this point isolated and withdrawn clients play an important role in the group because they represent the side of each member, that fears intimacy and would like to hold back (Levine, 1979, p 167). However, other members who allow themselves to come closer will develop warm and often highly sexualized feelings towards fellow members which can be experienced as being very threatening (Levine, 1979, p 174).

Ambivalent feelings towards closeness and sexuality can lead to a fight reaction: Being converted into anger the members' fear of rejection is externalized and displaced onto an identified enemy (Bion, 1961, p.99). At the beginning of the inclusion stage this position is likely to be held by the therapist whereas later it is replaced by society or other targets outside of the group.

As an alternative to fighting the group can also take on a passive

action which is known as "group flight" (Yalom, 1970, p.125). A common manifestation of group flight is "intellectualization" (Yalom, 1970, p.127). Employing intellectual processing as a superficial solution the group members only appear to address the emotional content of the group, however, "in reality they maintain their distance" (Levine, 1979, p.79). On the other hand, "premature togetherness and positiveness" can be also seen as a form of group flight (Levine, 1979, p.144). Based on the denial of negative feelings this flight into positive feelings could preclude intimacy and mutuality and therefore lead to the developmental arrest of the group (Levine, 1979).

Applying Erikson's concepts to the group development, the author considers the following conflicts as being relevant to the inclusion phase 1) autonomy, versus shame and doubt and 2) initiative versus guilt (Erikson, 1963, p.255). Pertaining to the group these conflicts can exist side by side and are negotiated more or less successfully by each member.

1) According to Erikson the developmental stage of a 2-3year old is not only dominated, but can also be characterized by the function of a sphincter. "To let go can turn into an inimical letting loose of destructive forces, or it can become a relaxed 'to let pass' and 'to let be'" (Erikson, 1963, p.251). In the case of a therapy group this letting go can be related to the risk of engaging in free self expression. Expressing themselves verbally and/or nonverbally like in art therapy, group members might be able to release their anxiety and feel reassured. On the other hand they could also experience a lack of control which, depending on the group's and their own fragility, might

lead to deep feelings of shame and doubt. Erikson illustrates this with the experience of dreamers who are caught "with their pants down" (Erikson, 1963, p.252).

As a result of their illness many schizophrenics feel already exposed and transparent to the outside world. Therefore, their lack of ego integrity and adequate defenses needs to be acknowledged and carefully handled by the therapist. Being aware that the group situation by itself can potentially reinforce their clients' insecurity, the therapist needs to protect them in their self expression. Parallel to the need of children to have their will reaffirmed by a predictable caregiver, the group members' need for affirmative self expression can be only met in a safe therapeutic atmosphere (Erikson, 1963, p.254).

2) Some members who have won the struggle of self affirmation or autonomy over shame and doubt, are able to enter into the second battle of initiative versus guilt which in Erikson's scheme is the developmental task of a 5-7 year old child. During art creation, but also in discussion initiative can add a "quality of planning and undertaking" to the group process (Erikson, 1963, p.255). Subsequently, participants of a verbal group therapy begin to take a more active role in discussion. In addition to becoming more active in discussion the members of the art therapy group might install their initiative in the art process and become active creators and directors of their artwork. Whereas before these members seemed to have difficulty to make a mark on the paper they now begin to explore and enjoy their creativity. For them the pleasure of "making" and "being on the make" has become an important source of gratification (Erikson, 1963, p.255). However,

others who fail to recognize the conflict initiative versus guilt will feel stifled in their verbal and non verbal self expression. Particularly schizophrenic clients who often feel guilty of their actions in general might remain passive in the group. On the other side of the behavioral spectrum they could also try to cover up their feelings by showing off, like a bird that may be "eager to duck instead sticks its head out" (Erickson, 1963, p 257).

The difficulty of schizophrenic clients to relate to each other and the therapist in a constructive way presents a major obstacle for transcending the inclusion phase. According to Levine most of the group members should now be interrelated (Levine, 1979, p. 157). Referring to the schizophrenic population Levine suggests that the "achievement of full membership" in the group as major goal of the inclusion phase is difficult and can take as long as two years (Levine, 1979, p.75). Considering their limitations an increase in relatedness might be all that schizophrenic clients can obtain in group therapy (Levine, 1979). However, some members might be able to invest more trust in interpersonal relationships than others. As time progresses "their search and longing for intimacy" can spread to the whole group and set off the first group intimacy crisis (Levine, 1979, p.78 and p.173). Like the resolution of the authority crisis in the parallel phase the resolution of the intimacy crisis in the inclusion phase could open the way to the next developmental stage, the mutuality phase.

3. Mutuality Phase

According to Levine the mutuality phase is profoundly different from the other phases. At this end stage of group development the members

begin to show a new level of differentiation and empathy (Levine, 1979). Defined as "the process of feeling some of oneself in another person" empathy draws the group together in an atmosphere of mutual acceptance (Levine, 1979, p 267). Although the wish and search for empathic contact had been present from the beginning of the group, it is only now that the group members learn to tolerate its resulting intimacy (Levine, 1979).

Allowing themselves to share their inner world of feelings and imagination, the group members become more and more tolerant towards others and begin to see them as their equals (Levine, 1979, p 198). Progressively free from stifling role patterns in the group they can now engage in self investigation and realistic discussions which might help them to improve their relationships outside of the group in their daily lives (Stein, 1985).

The atmosphere of trust and mutual support in this "third phase of group interaction" provides a basis for reality oriented teamwork (Stein, 1985, p.215). Having become less afraid of their own affective expression the group members are gradually increasing their potential "to tolerate a wide range of feelings in themselves and other people"... (Levine, 1979, p 144). Consequently, the group becomes a forum as well as a reference point for self affirmation, allowing the members to obtain a clear sense of identity (Levine, 1979, p 210 and p 215). The affirmation of identity and the increase in autonomy and relatedness are major goals in the mutuality phase (Brown, 1985).

In this third phase of development the group shows the characteristics of Bron's work group, which for him is the only one

with a therapeutic function (Bron, 1961, p 99). In the work group the members turn away from the irrational atmosphere of the basic assumption, and focus their attention on reality. (Bloch and Crouch, 1925) This shift from unconscious states, charged with emotions, to less emotional invested work group activity permits the members to spend less energy on the system and more on their tasks and relationships (Bron, 1961, Levine, 1979). Subsequently the participants learn to relate to each other in a different way: Compared to the previous phases, where they view each other "as objects for potential use or as competitors for the therapist's attention" (parallel phase) and as "either allies or enemies" (inclusion phase), the members in the mutuality phase come to appreciate each other as unique resources for understanding and sharing (Levine, 1979, p.198).

The clients' fear of losing the group as a source of strength and warmth might set off a separation crisis. Occurring during all stages of group development, the separation crisis can be caused by any kind of loss, such as the absence of the therapist or the dropping-out of a group member (Levine, 1979). However, at the end of the mutuality phase the separation crisis has the special function of serving as a transition to the group's impending termination (Levine, 1979, p.224). The successful resolution of a separation crisis will lead to an increase in autonomy of the group members and provide them with a blue print for coping with losses in the outside world (Levine, 1979).

Although an increase in independence might be tempting for them, schizophrenic clients often are unable to resolve any separation crisis. Struggling with feared losses from the very beginning of the group they

might despair of "ever again achieving equivalent relationships," and subsequently at this stage drop out of the group "in an autistic act of self-preservation" (Levine, 1979, p 226-7). For fragile members, such as schizophrenic clients the group might be the only chance to draw close to other people and its termination could be experienced as an emotional catastrophe (Levine, 1979).

Applying Erikson's concepts to the events in the mutuality phase, we could identify two tasks or core conflicts that the group members have to master: 1) "identity versus role confusion" (Erikson, 1963, p.261) and 2) "intimacy versus isolation" (Erikson, 1963, p.263). In the first conflict the group members must establish a sense of identity or congruency between "inner continuity and continuity of one's meaning for others". Given their ego fragmentation schizophrenic clients will find this task very difficult. However, it's accomplishment is a precondition for their advancement to the second task of intimacy (Erikson, 1963, p 261-2). Having established clear boundaries, the group members can now take the risk to leave their isolation and enter in genuine contact with their fellow members. Describing the ability for intimacy as a capacity for commitment and compromise, Erikson points out that individuals who fail to develop it are left with a "a deep sense of isolation and consequent self-absorption" (1963, p 263-4).

As a prevalent condition in the schizophrenic population, the inability for intimacy as well as their difficulty with identity often prevents these clients to reach the mutuality stage. Levine states that chronic schizophrenics can achieve a certain degree of tolerance and comfort in the group (Levine, 1979, p 201). However, "the omnipresence

of authority, inclusion and intimacy issues" prevents them from entering into deep mutual relationships (Levine, 1979, p.201). In addition an open group of schizophrenic clients which is presented in this thesis might be constantly jeopardized in its development. According to Levine its influx of new members could cause a regression to previous developmental stages. Therefore it is possible that the group under discussion fluctuates between "undifferentiation in the parallel phase" to "gross acceptance or rejection in the inclusion phase" to "partialized and particularized acceptance and rejection in the mutuality phase" (Levine, 1979, p 76) Unlike in Levine's description the formal termination phase will not be part of the mutuality phase, but more likely will either occur in the parallel phase or inclusion phase, depending on its state of development at the time.

2 Other Viewpoints on Group Development

Having described group development by using Levine's, Bion's and Erikson's concepts, the author will now turn to other view points in group therapy that might add to the understanding of the group process: the focal conflict theory of Whitaker and Lieberman and the classification of general therapeutic factors described by Bloch and Crouch

a) Focal Conflict Theory Whitaker and Lieberman

Instead of describing group development as a sequence of developmental phases we could also apply the concepts of Whitaker and Lieberman who have modified Thomas French's "focal conflict theory" for group therapy (Whitaker and Lieberman, 1964, Yalom, 1970). Whitaker and

Lieberman believe that "the development of a therapy group from its inception to its termination is characterized by the recurrence of basic themes (focal group conflicts) under progressively expanding cultural conditions" (Whitaker and Lieberman, 1964, p 117) Like Bron's concepts, their theory takes into account not "only the cognitive, rational aspects of the group, but also the intense affect that may be generated in group interaction" (Whitaker and Lieberman, 1964, p vii) Observing this dual aspect of the group Whitaker and Lieberman were able to organize seemingly unrelated group events and group elements in reference to an underlying theme or "focal conflict" (1964, p 15) According to them a focal group conflict begins to operate from the very beginning of the group and only gradually reaches the awareness of the group members. As a "group life unit" the focal conflict consists of two components, "the disturbing motive" or wish of the group members, which subsequently generates "the reactive motive" or fear (Whitaker and Lieberman, 1964, p.19). "Whereas the disturbing motives are related to "basic, persistent wishes and impulses", the reactive motives encompass fears of criticism, ridicule or harm from others, as well as fears of being harmful (Whitaker and Lieberman, 1964, p 64 and p 121) In groups of schizophrenics the disturbing wish is often a deep need for love and acceptance which generates a fear of punishment as reactive motive. Another motive, the wish for physical closeness, might cause a a fear of contagion or fear of "being harmed through contact with other sick people" (Whitaker and Lieberman, 1964, p 121) Only one pair of reactive fear and disturbing motive is operating at a time and pressure the group to seek a solution (Whitaker and Lieberman, 1964, p 24)

Comparable to *vorleben*, which erupt sporadically the focal conflicts of the group present a threat to the individual, because they are closely linked with and "expose them to crucial personal conflicts" (Whitaker and Lieberman, 1964, p 148). Being strongly influenced by the members' core issues, the focal conflicts depend also on the members' expectations as they enter the group. Furthermore they are shaped by the group composition and the group situation (Whitaker and Lieberman, 1964, p. 117 and p. 120)

A change in the group situation will occur when the members solve their focal group conflict and consequently move on to another. The solution they have found can be either "enabling" by satisfying the disturbing wish and allowing a new disturbing motive to emerge, or "restrictive" by repressing the initial disturbing motive (Whitaker and Lieberman, 1964, p 92)

Depending on the nature of the solution the "shift in the group equilibrium" has two different outcomes (Whitaker and Lieberman, 1964, p 60). Whereas the enabling solution leads to an increased awareness through expression of the disturbing motive, the restrictive solution will only reduce the members' anxiety connected to their reactive fear. Therefore the group interactions remain on a superficial level. Furthermore, by employing the restrictive solution the members unconsciously retain the same disturbing motive which continues to operate in the new focal conflict (Whitaker and Lieberman, 1964, p. 24).

A sequence of focal group conflicts or "group theme" which is generated by similar disturbing motives occurs frequently in group therapy with schizophrenics (Whitaker and Lieberman, 1964, p 64). Their

whole group life might be occupied by one single theme. A disturbing wish common to many schizophrenic clients is "to be special and have the whole attention of the therapist for oneself". Related to this wish is the unresolved core issue of feeling unloved and worthless which often can be traced back to a lack of emotional gratification in early childhood. Within the transference situation of the group the therapist becomes a reflection of the primary care giver who had been unavailable to satisfy the child's emotional needs. The wish for "special gratification" is closely connected with the member's fear that the therapist might retaliate with destructive punishment (Whitaker and Lieberman, 1964, p.32).

Reacting to this fearful situation the group members might utilize the restrictive solution of identifying with each other and consequently repress their wish for individuality and uniqueness (Whitaker and Lieberman, 1964, p.101). Although the solution "We are all alike" or "We are all down and outers" will relieve the tension created by the reactive fear of being singled out and punished by the therapist, the disturbing wish will continue to operate and seek satisfaction by generating another focal group conflict. However, hopefully this restrictive solution will be modified over time and finally transformed into an enabling solution which in our example could be the acknowledgement of the group members as unique individuals who become aware and subsequently more able to satisfy their emotional needs consciously.

The group situation with its focal conflict and special resolution can be better understood by the careful observation of non-verbal

communication (Whitaker and Lieberman, 1964, p 15) Art therapy with its unique tools of art process and artwork can offer valuable information. The assembly of individual art work into group art work can be seen as a reflection of the whole group and illuminate the disturbing and reactive motive operating in the group. Therefore, the art therapist has a unique tool to bring the group focal conflict into focus.

b) General Therapeutic Factors described by Bloch and Crouch

Besides viewing the interactions in the group from the perspective of an underlying focal group conflict, the group process can also be described by therapeutic factors that are operating at various times during group development. Bloch and Crouch, who revised Yalom's classification system, identified the therapeutic factors as "discrete elements of the group process", that contribute to the improvement of the clients' condition (1985, p. 2). Seen as "a function of the actions of the group therapist, the other group members, and the patient himself", therapeutic factors can lead to "the amelioration of symptoms, desired changes in particular patterns of behavior, and/or personal growth" (Bloch and Crouch, 1985, p.4).

Seven of the ten therapeutic factors described by Bloch and Crouch seem to be especially relevant for group work with schizophrenics: 1) Catharsis, 2) Self disclosure, 3) Instigation of hope, 4) Universality, 5) Acceptance and 6) Interpersonal Learning and 7) Altruism. In addition to these, Foulkes' "Activation of the Collective Unconscious" as therapeutic factor 8) will be discussed in view of its particular significance to group art therapy (Bloch and Crouch, 1985, p 9).

Bloch and Crouch's clarification of the factor catharsis into two distinct elements seems to be particularly helpful in understanding the process of the art therapy group under discussion. Revising Yalom's concepts, the authors identified "two forms of expressions", catharsis and self disclosure, which exert different effects and subsequently became two separate therapeutic factors. Whereas, 1) catharsis was defined as "the release of feelings, such as anger, grief, or sorrow, which have been difficult for the patient to ventilate, 2) self disclosure could be described as "the patient's revelations about his life outside the group, his past, his problems, or his fantasies" (Bloch and Crouch, 1985, p.15). This distinction might be especially valuable in art therapy work with schizophrenics where catharsis can be achieved more often than self disclosure.

1) Catharsis

Although Yalom considers catharsis or the "direct experiencing of one's immediate feelings" as a vital therapeutic ingredient, he also describes it as a part process which in itself does not lead to change (Bloch and Crouch, p.159, Yalom, 1970). Bloch and Crouch suggest that catharsis can acquire a ritualistic quality and therefore "may paradoxically contradict the emotional experience of its spontaneity" (Bloch and Crouch, 1985, p.159). They claim that if catharsis becomes too intense it could lead to "an unresolved state of distressing arousal which can only be anti-therapeutic and lead to deterioration" (Bloch and Crouch, 1985, p.166). Therefore, they demand that catharsis, as a therapeutic factor, must exert two effects: causing the release of potent emotional material, which previously had been difficult to

expressed, it may also lead to the relief of this material within the group (Bloch and Crouch, 1985, p.162). It depends on the skill of the art therapist, as well as on the degree of illness of their clients whether catharsis can be achieved in its therapeutic sense.

2) Self Disclosure

Schizophrenic illness not only limits the employment of the therapeutic factor catharsis, but also undermines the factor of self disclosure which provides the group members with the opportunity to become "more honest and open" and subsequently "enables them to explore themselves more freely and genuinely" (Bloch and Crouch, 1985, p.15-16). According to Bloch and Crouch self disclosure "refers to a patient's direct communication of personal material about himself to other group members;" and is not to be confused with "the participation in the group, a confessional revelation or a major dramatic single abreaction" (Bloch and Crouch, 1985, p.127-8).

While working with schizophrenic groups, therapists might encounter two extremes in the spectrum of self disclosure: the majority of the group members will consist of people who do not disclose at all and are unable to form intimate relationships. On the other side of the spectrum there will be members (especially psychotic members) who "indiscriminately reveal highly personal information about themselves" and through their self absorption are lacking in sensitivity to others (Bloch and Crouch, 1985, p.130). Depending on good ego strength and the member's ability to trust, "adjusted self revelation" might be a rare occurrence in group's with schizophrenics.

3) Instillation of hope

Although therapeutic factors such as self disclosure and insight only play a minor role in groups with schizophrenics, other factors, such as the instillation of hope may become very important. Yalom states that the "instillation of hope and its maintenance" are crucial for the group process. (Yalom, 1970, p.9). His clinical studies show that patients at the end of therapy have found it very nurturing to observe the improvement in other members during the group process. (Yalom, 1970). Some of the clients may have the potential to become "living inspirations to others" (Yalom, 1970, p.9) by facing and working with their fears in art.

4) Universality

Another factor which counteracts the fear of the group members, that their problems may be insurmountable is the factor of universality. Yalom points out that "many patients enter therapy with the foreboding thought that they are unique in their wretchedness, that they alone have certain frightening or unacceptable problems, thoughts, impulses, and fantasies" (Yalom, 1970, p.10). Especially in the schizophrenic population one might find this sense of pathological uniqueness heightened by a sense of isolation (Yalom, 1970, p.10). Subsequently a disconfirmation of these perceptions which are often secret in the group can be a powerful therapeutic source (Yalom, 1970, Levine, 1979).

Yalom lists three secrets commonly harbored by group members which can be touched and transformed by the experience of universality: a) "a deep conviction of basic inadequacy -- a feeling that if others could see the real person, they would know of his or her incompetence and

intellectual bluff" b) "a deep sense of interpersonal alienation" which includes the notion that one is not capable to care for or love another person c) "some variety of sexual secret, often concerned about homosexual inclinations" (Yalom, 1970, p.11). Art work and art process in group art therapy are powerful tools to uncover these secrets. In addition the experience of universality is enhanced by common themes and symbols that are expressed in the artwork.

5) Acceptance

Closely allied to the factor of universality is the factor of acceptance. Following the sharing of their inner world the members discover that they are "being accepted by the group despite their fantasies of being basically repugnant, unacceptable, or unlovable" (Yalom, 1970, p.38). From the observations of Yalom and Rogers, Bloch and Crouch conclude that peer acceptance carries more therapeutic weight than the acceptance by the therapist (Bloch and Crouch, 1985, p.107). The feeling of being accepted in the group prepares the ground for group cohesiveness which "is not per se a curative factor but instead a necessary precondition for effective therapy" (Yalom, 1970, p.38). Group cohesiveness "encapsulates the terms of togetherness, esprit de corps, unification of the group, and group identification" and promotes a positive group climate (Bloch and Crouch, 1985, p.99). However, Bloch and Crouch also suggest that group cohesiveness can become anti therapeutic in "a group where the predominant norms are suppression of feelings and strengthening of personal defenses, because no one will feel able to challenge these norms" (Bloch and Crouch, p.85 and p.106). This might be often the case in a group of schizophrenics

6) Learning from Interpersonal Action

Already in the early stages of group formation "each member will begin to create the same interpersonal universe he always has inhabited" (Yalom, 1970, p.24). "Manifesting and experiencing their relationship difficulties in the group", the members will find an opportunity to become aware and readjust their maladaptive behavior (Bloch and Crouch, 1985, p.77-8). In schizophrenics as well as in other clients, the interpersonal relationships are disturbed by "parataxic distortion." (Yalom, 1970, p.18). According to Yalom "a person may distort his perceptions of another so that an individual with a derogatory, debased self-image may incorrectly perceive another to be a harsh, rejecting figure". As a consequence of their false perception, these clients can develop "mannerisms and behavioral traits" such as, "servility, defensive antagonism, or scorn which eventually will cause others to relate to them as they expected" (Yalom, 1970, p.18)

This "self fulfilling prophecy" of parataxic distortion, can be interrupted by the therapeutic factor under discussion. On one hand the clients can compare their self evaluation with the evaluation of the other group members and on the other they can engage in testing out new, more adjusted modes of behavior (Bloch and Crouch, 1985, Yalom, 1970). Consequently "an adaptive spiral" is set in motion in which more adaptive behavior enhances self esteem which in turn increases the capacity for meaningful relationships (Bloch and Crouch, 1985, p.76)

7) Altruism

Another positive outcome of interacting in group can be the occurrence of altruistic acts, which can be seen as a result of the

the group process. (Yalom, 1970) Group members may help each other in various ways, by offering support, suggestions, reassurance, insights or sharing similar problems (Yalom, 1970). "Quite frequently it is the patients, rather than the therapists, who will point out each other's strengths and assets" (Yalom, 1970, p.11). Yalom also observes that "psychiatric patients often have long considered themselves as burdens to others, and it is a refreshing, self esteem-boosting experience to find that they have been important to others" (Yalom, 1970, p.12). The realization that they have something to offer to their fellow members can put a temporary stop to their "morbid self-preoccupation" (Bloch and Crouch, 1985, p 191).

3) Activation of the Collective Unconscious

Experiencing themselves as valuable members of the group, schizophrenic clients can also become aware of their collective strength. Influenced by the non-verbal messages of the art process and the artwork, the pooling of associations in an art therapy group can contribute to a better understanding and open up new avenues of problem solutions.

CHAPTER 11

GROUP THERAPY WITH SCHIZOPHRENICS

After the discussion of various concepts in group therapy in chapter 1, the focus of chapter 2 will be on specific characteristics of schizophrenic clients. The implications of their illness and living conditions will be explored in reference to group therapy and its special form group art therapy.

1 Situation of the Schizophrenic Population

Since the "psychiatric revolution" in the nineteen sixties, psychiatric patients have been discharged into the community without being provided with adequate resources and support systems (Boudreau, 1989, Cormier et al, 1987). Although 60% of the general psychiatric population and 75% of chronic schizophrenics live outside of institutions, the major part of the psychiatric budget (58%) is tied up in psychiatric hospitals (Boudreau, 1989, p 17, Bland, 1984, p 246). Toews describes this situation as "society's subtle abandonment of the mentally ill and its gradual retreat from the commitment to care for them" (1986, p.2)

This attitude towards psychiatric patients also could indicate that nothing has changed since the sixties, when Cumming and Cumming described society's denial and fear of mental illness. (Cumming and Cumming,

1964). It seems that schizophrenic patients are hit especially hard by this denial since our neurotic society accepts more readily mood disorders such as depression and neurosis as opposed to the thought disorder of schizophrenia (Billig and Burton-Bradley, 1978). However, the practical reality for all psychiatric patients is that many of them are merely "subsisting, supported by the welfare system, and are living in social isolation" (Toews, 1986, p.2). Furthermore, a significantly higher unemployment rate in the schizophrenic population tends to compound the difficulty of these clients to see themselves as "useful parts" of society (Bland et al, 1988, p.76, Fortin, 1984).

Further negative outcomes of mental illness and lacking communal support are ghettoization and a high rate of recidivism which leads to the so called revolving door syndrome (Toews, 1986, p.4). Studying schizophrenics after their first hospitalization Cormier (1987) reports that in a period of 6 months more than a third had to be rehospitalized for psychotic episodes. Mc Cranie and Mizell (1978) speculate that if psychosocial and rehabilitation services had been available this relapse quote would have been smaller. On the other hand schizophrenic patients whose tendency to withdraw and isolate themselves is reinforced by society are a "hard to reach population" (Dowler and Jordan-Simpson, 1990).

Instead of interacting with society mentally ill clients tend to stay at home and watch TV and/or listen to radio. At the same time, particularly younger clients in the age range of 25-44 are often dissatisfied with their level of activity and would like to do more (Dowler and Jordan-Simpson, 1990, p 2/3).

Drop-in centers with their open membership can provide a way to reach schizophrenic clients, living on the fringes of society (Bond and De Graaf-Kaiser, 1990, p.28). Offered on a regular basis, group art therapy provides an opportunity for the drop-in members to leave their isolation and engage in a meaningful activity. While giving form to their inner world in the art work, the participants can use the group as a forum to compare their perceptions, modify maladaptive behavior patterns and increase the quality of their relationships (Landgarten, 1981).

2 Characteristics of Schizophrenia Relevant to Group Therapy

Since Kraepelin's view of schizophrenia as a premature form of senile dementia at the beginning of the twentieth century many researchers have tried to describe and understand this "heterogeneous syndrome" (Carpenter and Strauss, 1991, p.523). Johnston and Holzman (1979) state that no theory has successfully encompassed the range of dysfunction in schizophrenia. (1979, p.11.). From a modern point of view schizophrenia is seen as "a syndrome comprised of many psychotic conditions" characterized by a "disorganization of a previous level of functioning, involving delusions, hallucinations, or formal thought disorder" (Wadeson, 1980, p.112).

Because of the variety of schizophrenic manifestations that can occur in one client alone, clinicians are turning away from previous classifications of schizophrenia such as disorganized, catatonic, paranoid, schizoaffective, mixed undifferentiated, and residual schizophrenia (Wadeson, 1980). Instead they now focus on positive

and negative symptoms of the illness (Harvey, p.69 in Harvey and Walker, 1987). Whereas positive symptoms such as auditory hallucinations, florid speech and attentional deficit often respond to medical treatment, negative symptoms such as withdrawal, apathy and blunted affect are resilient to medical intervention, signaling a poorer outcome of the disease (Dworkin et al, in Harvey and Walker, 1987 and Lin and Kleinman, 1988, Carpenter and Strauss, 1991). Therefore, the current treatment of schizophrenia is a combination of medication and supportive therapy (Harvey et al, 1984, p.1378).

No matter what spectrum of symptoms the chronic schizophrenic presents to the therapist, he or she will be an interesting and challenging client. Wadeson points out that although art therapists can not always understand the "craziness of their clients", they can identify with the clients' feelings and facilitate their externalization in the artwork (Wadeson, 1980). Showing genuine interest in the clients experience, "without trying to change it" (Wadeson, 1980, p.114), therapists can decrease their clients' paranoia and build a trusting relationship which facilitates therapy. In addition, the artwork as "silent partner" in the transactions between art therapist and clients can alleviate the severe communication deficit of schizophrenic clients (Gentleman Byers, in Landgarten and Hubbers, 1991, p 25).

Working with schizophrenic clients the therapist needs to take into consideration their social-emotional limitations (Levine, 1979). The fragility of schizophrenics is reflected in their "extreme sensitivity to possible failures" (Neale, p 293 in Harvey and Walker,

1987). Levine states that "any disallowal of what the schizophrenic offers in a meeting results in that member's feeling of being rejected and inadequate as a group member" (1979, p 33). Because schizophrenic members have difficulty to deal with feelings of rejection and loss, they need the therapist to play an active role in helping them to retain control over their emotions (Levine, 1979).

Accepting help from the therapist who is seen as a parental authority might be especially difficult for schizophrenic clients. Billig and Burton-Bradley who investigated the characteristics of schizophrenic behavior in the context with their artwork made the following observations (1978, p.83): Undermined in their confidence by early childhood experiences schizophrenics live in a continuous struggle with authority. They may express this conflict either in an attitude of rebellion or of over complacency. Regardless of their outward behavior schizophrenics tend to distrust their own strength and believe "that self assertion will meet with severe censure" consequently schizophrenic clients are unable to develop a secure sense of identity. Their ego boundaries are weak, sometimes almost non-existent and do not provide enough protection for their fragmented personalities.

The attempt of schizophrenic clients to cope with their uncertainty and fragmentation results in the formation of delusions. Instead of letting diffuse feelings of panic penetrate all their functions, these clients concentrate on specific and often arbitrary sources of danger. Delusions such as that others conspire against them protect schizophrenic clients against becoming aware of their own malfunctioning. At the same time, they also might develop feelings of

destroying the whole world in order to cope with their feelings of rejection and isolation. Focusing on their artwork Billig and Burton-Bradly describe the inner world of the schizophrenic as a "wasteland of extreme isolation and loneliness where super powers rule knowing every secret thought" (1978, p.62). To reach out to these clients and reestablish positive human contact are the first goals of supportive therapy.

3 Group Therapy: Implications for the Schizophrenic Population

According to Levine "the group as an open learning and growth situation" (1979, p. 53) can help individuals restore, maintain and enhance their coping skills. Providing an atmosphere for change in which maladaptive behavior can be recognized and may be readjusted the therapy group might assist its participants "to achieve a less painful existence" (Whitaker and Lieberman, 1964, p.161).

Recent literature in psychotherapy suggests that group therapy can be more beneficial for the schizophrenic client than individual therapy. Bond and de Graaf Kaser state that individual therapy can either be "unproductive or counterproductive for persons with severe mental illness" (1990, p.2). Some of the reasons for this assumption may be found in the client's fragility and difficulty with authority which makes them less able to immerse themselves in a one to one relationship. Contrary to the intimate relationship between client and therapist in individual therapy the group situation protects its members against too much intimacy too soon. A therapist who does not force but emphasizes and values each individual contribution, provides

a sense of safety which is of paramount importance in the work with schizophrenics. Furthermore, the growing awareness of "being in the same boat" (Shulman, 1988, p.5) can reduce the performance anxiety of schizophrenic clients who usually have very low self-esteem. Jackson-Christmas believes that group therapy is "the treatment of choice for clients", such as schizophrenics, "with narrow perspectives, who are overwhelmed by feelings of helplessness and inadequacy" (Jackson-Christmas, p.767 in Sager and Kaplan, 1972).

However, the group situation is not necessarily beneficial by itself. Hallowitz warns us of "forces generated in the group process that need to be blocked" (in Levine, 1979, p.x), because they could destroy the group therapy. Group destructive behavior can be interpreted as an expression of too much anxiety that could no longer be tolerated. Members who become destructive for the group can express their anxiety either as open aggression or as veiled emotional attack which are more often directed towards another member instead of the therapist (Levine, 1979).

The fear of being hurt directly through verbal attack or indirectly by contamination plays an important part in the interaction of schizophrenic group members (Whitaker and Lieberman, 1964, p.57). Although they would like to talk about themselves and find understanding, schizophrenic clients can experience "intense fears of others which could mount into panic" (Whitaker and Lieberman, 1964, p.42). Yalom holds the belief that schizophrenic symptoms such as paranoia and psychosis can even be increased by the group situation (Yalom, 1970).

Besides, the active damaging potential of its members the group by itself poses a threat to the individual's identity (Whitaker and Lieberman, 1964, p.148). It can be expected that this effect is exacerbated in schizophrenic clients who initially have weak ego boundaries. According to Yalom the group might precipitate interruptive chaotic responses from especially fragile clients and consequently face a "premature termination" (1970, p.181). However, Beeber states that paranoid patients can also be beneficial to the group by "absorbing group anxiety and acting as spokesperson for the group members" (1991, p.83). Whitaker and Lieberman describe how a paranoid client is even encouraged in his self disclosure by the other group members and subsequently shows them how to overcome their own resistance (1964, p.42).

4 Group Therapy Format: Implications for the Schizophrenic Population.

Having discussed the pros and cons of group therapy for the schizophrenic population, the author will now turn to the format of group therapy which has also important implications for the work with schizophrenics. Levine and others believe that a successful outcome in group therapy is dependent on careful planning (Levine, 1979, Oster and Gould, 1987). He lists "3 major considerations" for the organization of therapy groups: group purpose, group structure and group membership (Levine, 1979, p.3).

1) Group purpose

According to Levine 'goals' are the very backbone of the group

process" (Levine 1979, p.165). However, "as a core of group function, individual and group goals are mostly covert" (Levine, 1979,p.88). Therefore it is important that therapists state their reasons for bringing the group together clearly thereby counteracting the group's suspicion of having a hidden agenda. Failing to do so therapists might increase the already high anxiety in schizophrenic members. (Levine, 1979, p.194). Furthermore, pertaining to this particular population, "a predetermined group focus which is practical, clear and limited in scope" might greatly facilitate the group process (Levine, 1979, p.33, Liebman, 1986)

2) Group structure:

While the group purpose gives direction to the group, the group structure exerts a containing function and promotes a sense of safety in the group. Defined as formal and informal elements governing the "when, where and how " of therapeutic groups, the group structure needs to be negotiated between the therapist and the members. (Levine, 1979 p.3 and p.6). Both, Liebman and Wadeson, advocate that some ground rules, such as the the definition of acceptable behavior and the importance of confidentiality should be laid down out at the very beginning of the group (Liebman, 1986, p.22, Wadeson, 1980, p.237). Others, such as the regulation of speaking time during discussion might come up while the group is already in progress.

Besides ground rules, the group's structure of being either closed or open will play an important role in the self understanding of the group. While in an open group, such as the art therapy group at the drop-in center, new members are constantly added to a core, the closed

group starts out and finishes with the same members. Comparing their advantages and disadvantages, group therapists seem to prefer the closed groups over the open groups (Levine, 1979, Yalom, 1970, Henry, 1988). Observing that the influx of new members led to regression in the group, Levine believes that the closed group offers more stability (Levine, 1979, p.201). In addition, Henry objects to "the self-selecting quality of the open group" (1988, p.221). Arguing that really withdrawn clients might not be reached, he points out new members can be frightened off by the self-assertion of core members who already have overcome their fears of self-disclosure. At the same time, Henry also views the core members as stabilizing factors and attributes an inherent growth potential to the open group (Henry, 1988).

3) Group membership

Stability and progress in the group also depend to a large degree on the composition and number of its members. In order to secure a constructive group process many authors suggest careful selecting and matching of the members (Oster and Gould, 1987, Levine, 1979, Yalom, 1970). Part of this screening process should include a preparation of the member for group participation in order to gain knowledge of past experiences and anticipate the processes the person will be exposed to (Levine, 1979, p.45). In addition to the individual characteristics of the participants, their relational status can have considerable impact on the group's interactions (Levine, 1979). Especially in the early stages, couples might be impeded from interacting freely with the other members. Fearing the criticism of their partners who know more about their lives than the group, these members might refrain from free

self expression

Another component of group membership, that determines its effectiveness is the number of its participants. Levine suggests that a minimum number of 4 can provide sufficient balance in the group. However, with growing group maturity the "triadic effects" in a group consisting of 3 members might be minimized, allowing the group to dwindle to 3 or 2 for a period of time. On the other hand if the maximum of 8 group members is transcended, the therapist might become unable to relate effectively to the group members. (Levine, 1979, p. 17) Working with AIDS patients who like schizophrenic clients face a powerful illness which has no cure, Bussard and Kleinman suggest an optimal number of participants in group art therapy between 4 and 6 (1991, p. 146, in Landgarten and Lubbers). Having explored the relationships between schizophrenic illness and group therapy the discussion will now focus on the meaning and implications of art in the therapeutic process.

CHAPTER III

GROUP ART THERAPY WITH SCHIZOPHRENICS

After pointing out the specific difficulties that schizophrenics bring to therapy and how in turn group therapy might affect them in chapter 2, this chapter will focus on group art therapy as a special therapeutic approach in the work with schizophrenics.

1 Art: A Special Form of Communication

Art can be a necessary and sometimes the only vehicle of communication for the schizophrenic client. Billig and Burton-Bradley described how a schizophrenic patient "began to paint to make himself understood" (1978, p.1) when his ability to communicate verbally deteriorated. Like this client many other schizophrenics may be able to use spontaneous artistic expression as a primary means of communication (Marinow, 1971, p.73, Rhyne, 1973). Providing access to the inner world, the artwork of schizophrenics reveals the "relatively inarticulate intrapsychic structure of their disintegrated personality more adequately than words" (Billig and Burton-Bradley, 1978, p.51). Naevestad who describes its function more clearly, states that the artwork becomes "the outlining of a (inner) picture which is already there" (Naevestad, 1979, preface).

Analyzing the content of their artwork, Prinzhorn and other authors found that many schizophrenic clients seemed to be preoccupied with space (Prinzhorn, 1967, Billig and Burton-Bradley, 1978, Stone, 1971).

For these clients the inside and outside of a defined space appeared to take on a special meaning. According to Stone, "the open space composition" could indicate a lack of protection for the self and might also be related to the feeling of "being spaced out" (1971, p.86).

The confrontation with empty space can lead to a fear or even "horror vacui" which can be seen in the efforts of some schizophrenic clients who try to fill in space at all costs (Billig and Burton-Bradley, 1979, p.26). Contrary to the expression of open space or the horror vacui which both indicate a confusion and loss of self, a form enclosed pictorial composition can be interpreted as a symbol of the self which is anxiously protected against the outside world (Stone, 1971, Jakab, 1967).

Giving form to the inner world may have an integrative value by itself and present the clients' first step to reevaluate and improve their living situation (Naevestaad, 1979). Billig and Burton-Bradley suggest that people "are driven to create" (1978, p.32), because they want to find solutions to their inner conflicts and attain a new emotional balance. Using art as a vehicle "to go to dark places" (Landgarten, 1981, p.249) clients may come out the other end and feel reenergized.

Being plagued by the intrusion of many concepts, schizophrenic clients might be able to benefit from their art making in a special way. While the artwork serves as a container, able to absorb different concepts at the same time, schizophrenics might be able to lay down their overactive thinking process. (Billig and Burton-Bradley, 1979, p.231) In addition, the artwork can absorb powerful negative feelings

and function as protective shield against the clients' destructive impulses. (Phane, 1973, Billig and Burton-Bradley, 1978).

Instead of using art defensively, Ulman and other authors suggest that art creation has an active healing power, allowing the artist to recreate art of her inner world (Ulman, 1961, Rhyne, 1973, Boegel and van Marrewijk, 1991). Providing a "meeting ground for the client's inner and outer world" (Ulman, 1961, p.93), the arts can assist schizophrenics to make sense out of chaos and find new options of behavior.

Contrary to these positive views of art making, Billig and Burton-Bradley (1978) also point out the following possible negative effects of the creative process on schizophrenic clients: Because of their rigid ego structure these clients might be unable to complete the "second phase of art creation" (p.34), the meaningful reintegration of fragmented concepts. Instead they are trapped in an oceanic state of de-differentiation which weakens their link to reality and can generate subjective discomfort and dysphoria (p.95).

Comparing artwork from schizophrenic patients and that of recognized artists, Billig and Burton-Bradley state that schizophrenic art with its highly personal character has no significance for others (1978, p.37). However findings in group art therapy suggest that the art work can elicit intense reactions in the members and is a major driving force of the group process (W. Jenson, 1980, 1987, Rhyne 1973, Landgarten, 1981) reflecting the collective reality of schizophrenic clients, the group art can provide access to therapeutic intervention.

2 Group Art Therapy Directive Versus Non Directive Approach

Having explored the implications of art in group work with schizophrenics, the discussion will now focus on the therapist's decision to take a directive or non-directive approach and its consequences for the group.

Concerning the relations between therapist and members, Levine suggests that non-directive group therapy is an illusion (1979). According to him "non- directive forms of group therapy deny the essential state of dependency on authority ..and instead assume that the group has the capacity to govern itself" (Levine, 1979, p 71). In groups with schizophrenics the latter proposition is even less likely than in other populations. To ensure a stress reduced, therapeutic atmosphere the supporting and regulating authority of the therapist should be made clear at the very beginning of group therapy.

In the special domaine of art therapy we have to distinguish between the role of the therapist as an authority who will provide structure and regulate the interactions of the group and his or her choice to direct the content of the art expression itself. Many authors writing about group art therapy prefer a directive approach in the art expression in order to promote reality testing. Bond and De Graaf-Farmer (1990) argue that to encourage intense free expression of emotion might be harmful to clients with fragile egos and could precipitate psychotic episodes (p 24). Lubart believes that the schizophrenic "lacks sufficient psychological structures to express himself as a reality, separate and differentiated from others" (1985, p 31). By giving enough structure in the design of group art projects, Carney hopes to "contain

and frame the schizophrenic's intrapsychic chaos." (1986, p 30)

However, Gbadirian who used both, the directive and the non directive approach, observed more spontaneity in his clients as they were allowed "to initiate themselves the expression of their inner world" (1976, p.167). Oster and Gold (1987) suggest that certain directive techniques, such as "Draw how you see others in the group" might be contraindicated for groups with schizophrenics who usually have insufficient ego strength. On the other hand the free choice of subject matter may promote independent functioning and allow expression of issues which would have been bypassed in a directive approach (Oster and Gould, 1987, p 155-156) Responding to the "internal urge for self expression" spontaneous art making can help the client to objectify and "structuralize" his/her inner world (Assael, 1976, p.10, Siegel, 1988, p 52) Engaging in this process schizophrenics can bind the destructive forces which they experience in their psyche (Kulscar, 1976, Perry, 1976) Freuzhorn, who collected and explored psychotic art, emphasized the communicative side of spontaneous art making by stating: "The aim of the movement of free expression is to incarnate the psychic and to build thereby a bridge from the I to the Thou" (1972, p.17). Besides communicating their experience, schizophrenic clients can process psychological material by reflecting on their artwork. (Wadeson, 1980, p 177)

Function of the group Art Therapist

While choosing an approach that works best for them and their client, many therapists who originally started out as individual

therapists need to readjust their position to the group situation. Although the group consists of individuals with different agendas and difficulties the functions of the group therapist differ from the individual therapist to a considerable degree (Yalom, 1970, Grotjahn, 1982). According to Yalom group therapist function more indirectly than individual therapists. Giving up their monopoly on therapeutic influence, they enable the group members to become "agents of change" (Yalom, 1970, p.83). While addressing the needs of the group members, group therapists do not focus on the individual client, but instead take on a "group centered attitude" (Stein, 1985, p.216).

Concentrating on the group the therapist needs to "learn to listen and understand its voice" (Agazarian, 1982, p. 190). Perceiving the voice of the group can be a difficult task, especially in the parallel phase where group cohesion is at its lowest level (Anthony, 1982, p.33). The group art work with its non-verbal messages can help clarify the cacophony of voices in the group and gives the art therapist a significant advantage over other group therapists. The correct assessment of the group situation will help the therapists in their timing and choice of interventions in the group.

Resembling a "hydra-headed patient" (Anthony, 1982, p.33), the group may require from the therapist many different responses in one session. Alexander suggests that therapists could help the therapeutic process by being good actors, who are able to create different emotional atmospheres. (Alexander, 1961, p.399). In group therapy, they might need to play different roles simultaneously. Emphasizing the need for an open mind, Grotjahn believes that group therapists must be

"mother to all" and depending on the individual's need might have to be a father for one, an affectionate friend or disciplinarian for another client (Grotjahn, 1977, p.221). However, Grotjahn cautions group therapists to stay true to themselves and not to identify with their personifications. Otherwise they might get lost "in the pitiful spectacle of multiple personality" (Grotjahn, 1977, p.221).

Genuineness on one hand and flexibility on the other are important requirements for therapists who want to facilitate the group process. It is important that the therapists change their therapeutic responses as the group passes through different developmental stages (Levine, 1979, p.51). They need to adapt themselves to their clients' "growing need for greater independence" (Lovlie, 1982).

Describing the spectrum of therapeutic function in a group, Levine suggests that "the therapist's role begins as "an empathic nurturer and moves toward an empathic facilitator" (Levine, 1979, p.282). Whereas therapists as empathic nurturers focus on strengthening the group by emphasizing its similarities and its universal aspects, therapists in the role of the empathic facilitator assist the members to gain insight through interpretations and confrontations (Levine, 1979). However, the group members can only benefit from these latter interventions if they themselves are able to progress from the dependency of the parallel phase towards the interdependence of the mutuality phase (Levine, 1979).

Moving towards higher therapeutic gain the group depends on a safe and supportive therapeutic environment which supports them in their efforts. Lieberman et al found that by providing a warm, supportive atmosphere,

the therapist can reduce negative group experience and effect more lasting psychological growth in its members (1973). Levine states that the "empathic relationship with each individual and the group is the touchstone" of any successful therapeutic function (Levine, 1979, p.295).

According to Lovlie the relationships between therapist and group members present life encounters in which new creation is possible (Lovlie, 1982, p.47). In order to encourage this creative potential the therapist needs to be careful not to define their schizophrenic clients by their illness and impoverishment (Whitaker and Lieberman, 1964, Lovlie, 1982). Instead of labelling them, therapists need to meet the clients where they are and help them to recreate themselves in a meaningful way (Lovlie, 1982, p.53 and p.60).

Taking into account their ego fragility and decreased resistance against self destructive forces, therapists need to actively support their clients' constructive efforts. Working with schizophrenics, therapists often have to set limits to a member whose acting out behavior has anti therapeutic effects on the whole group (Grotjohn, 1977, p.198). Oster and Gould suggest that the therapist should not accept destructive behavior such as the destruction of the art work or the art materials, but instead emphasize the members' responsibility for their creations and their environment (1987, p.153). Depending on the state of the group the therapist might need to exert various degrees of control. If its "social-emotional capacity" (Levine, 1963, p.10) is very low the group will require a therapist who is willing to act as a powerful leader.

Whatever actions therapists might choose, they themselves do not operate in a vacuum of objectivity. Instead they act and react in an interpersonal situation which is influenced by their own psychological make up (Alexander, 1963). Yalom states that "therapists are by no means disinterested or unbiased observers" (Yalom, 1970, p.3). Nevertheless it is very important for therapists "to be objective in relation to their subjectivity" (Levine, 1982, p.93). Only by being aware of themselves can therapists avoid "imposing their own frame of reference" on the group and instead work effectively with the clients' experiences."

Among the occupational hazards that lead to the therapists' distortion of the group is their "need to be a source of gratification" (Levine, 1979, p.147). Levine claims that this need is often a determining factor in the therapist's choice of his or her profession (Levine, 1979). Therapists who operate from this counterdependent need often have little tolerance for negative feelings in the group and are likely to block them in the group process. Instead of allowing the anxiety of individual members to spread to the group, where it can be addressed and maybe resolved, they prematurely come to their rescue and thereby stifle the group members' autonomy (Levine, 1979, p.60). On the other hand therapists who, having difficulty with conflict issues, do not intervene at all may be equally damaging to the group development. Especially groups with schizophrenics might get easily overwhelmed with "too much conflict too soon" (Levine, 1979, p.155).

Besides the need to be helpful and the difficulty to tolerate and

manage conflict appropriately, therapists are likely to encounter another problem area with the issue of control. Levine states that "many therapists who see themselves as not controlling often either run headlong into controlling the group or display intense anxiety over their felt lack of control of the group" (Levine, 1979, p.56). As with the appropriate management of conflict, it seems to be important for therapists to find a balance in their exertion of control by avoiding overreacting as well as underreacting. If they are too controlling, they will undermine the confidence and self affirmation of the members. Especially in a group with schizophrenics, an overbearing therapist could provoke the members' fears of authority to such a degree that the group process is brought to a grinding hold. On the other hand, insecure therapists who convey their fear of being "out of control" might generate feelings of helplessness and paralysis in fragile group members. Depending on the strength of the group the members could also show the following reaction described by Whitaker and Lieberman. Instead of concentrating on its own therapeutic goals, the group reversed the roles and "behaved as if its first group task was to reassure the therapist" (Whitaker and Lieberman, 1964, p.120).

Becoming an effective group therapist can be seen as a long and arduous journey of self development. According to Levine the therapist's self understanding forms an intricate part of their therapeutic skill (1982, p.26). Grotjahn suggests that a therapist should "consider himself as his own favorite patient -- one who has to learn as long as he lives" (1977, p.214). According to him he or she must be familiar with the whole spectrum of human experience -- from dependency to mastery -- and

from hate to love (Grotjahn, 1977, p.214). "At least willing to experience life to the fullest" (Grotjahn, 1977, p.213), therapists need to be courageous enough to face their own unconscious impulses as well as the unconscious messages sent from the group. In addition Lovlie claims that they need to live and integrate their theories of self development into their own person (1982, p.9). Only by testing and applying these concepts to their own personal reality can therapists gain the confidence and ability to apply them to the group.

One of the most powerful tools in the hand of therapists is their experience of countertransferential feelings in the group. According to Ohlmeier the observation of these feelings and their careful therapeutic use might be even more important in group therapy than in individual therapy (Ohlmeier, 1982, p.642-3). It may be difficult for the therapist to sort out and deal appropriately with the multitude of countertransfere ntial material that is generated by different group members. Within the group situation with its intense emotions and regressions the therapists are likely to identify with the group and become part of it (Ohlmeier, 1982, p.642-3). However, Ohlmeier (1982) advises the therapists to withdraw their positive or negative projections in favor of a therapeutic distance. Only from a position outside of the group which allows them to remain in control of their subjective experiences can therapists begin to utilize their countertransference as part of their interpretation. Sometimes the group will be able to benefit from the therapist's interpretations and at other times it will feel "like a stubborn mass" (Whitaker and Lieberman, 1964, p.197) that can not be influenced. Given the

complexity of their therapeutic task, group therapists should "be clear about and comfortable with the reality of their human assets, and limitations" (Levine, 1979, p.127). By correcting their own idealistic image, therapists may help group members to see themselves more realistically. According to Lovlie (1982) the genuineness of therapists is an effective therapeutic source and might be even more important than their actions.

4 Group Art Therapy with Schizophrenics: Objectives and Limitations.

Like in verbal therapy the first priority of group art therapists working with schizophrenics is the development of communication and relationships (Levine, 1979, p.10). Only later and perhaps never might the group become able to work therapeutically on deep seated conflicts. The development of a communication system, which allows the members to voice their concerns as freely as possible, can be already a very demanding proposition for schizophrenic clients.

Although the art process and the artwork, in itself potent forms of communication, stimulate the verbal exchange they also might overwhelm the group by generating powerful emotions (Lubart, 1988). Unlike verbal therapy which allows the members the choice of remaining silent, art therapy renders the psychic struggles of the clients into visual form and makes denial more difficult. Furthermore, the group art of schizophrenic clients with its characteristic themes of "empty space, isolated figures, and mask-like or blank faces" (Bellitz and Burton-Bradley, 1979, p.39) might be not an easy object for group discussion. At the same time, Whitaker and Lieberman (1984) consider the

"the emotional experience" of the group which is reinforced in both art process and artwork as being of primary importance. According to them it can lead to therapeutic change even without cognitive understanding (Whitaker and Lieberman, 1964, p.163).

The catharsis of difficult emotions through art and its channeling into an art "container" is an important goal in group art therapy with schizophrenics. The choice of the art medium will influence this process in a major way. Oster and Gould point out that the use of finger paints and clay could lead to an undesirable regression of the client (Oster and Gould, 1987) This is especially relevant to the work with schizophrenics who already suffer from a lack of control. However, by using more controlled media such as chalks, crayons and pencils, the clients might be able to avoid too conflictual material although at the same time they lose the higher cathartic potential of the more fluid media mentioned.

Besides the catharsis by the art medium itself emotional catharsis is facilitated by a therapeutic atmosphere in which the members can feel safe from discrimination" (Vorbusch, 1977, p.185). This might not always be possible in a group with schizophrenics. Very often these clients are highly perceptive as to the psychological issues of fellow members. "They become amateur interpreters who are often instinctively on the right track and may jump to the core of painful issues" (Fried, p 54, in Kaplan and Sadock, 1971) without taking into consideration the fragility of the member whose art work is analyzed. Having discussed communication and catharsis as general objectives in group art therapy with schizophrenics the author will now

focus on more specific goals that might be in reach of this particular population. Levine believes that "after one to two years of treatment schizophrenics can achieve some resolve of authority issues, and some degree of development" (Levine, 1979, p 32). Specifying his expectations, Levine states that the members might be able to develop a higher tolerance for negative feelings and could show an increase in their autonomy and initiative (Levine, 1979). He also points out that while increasing their capacity for negative feelings, the group members might become able "to accept negative feelings without rejecting or feeling rejected" (Levine, 1979, 33)

Reflecting self acceptance and the acceptance of others in a symbolic way, the respectful treatment of the artwork is an important treatment goal in group art therapy (Oster and Gould, 1987, p 158). While schizophrenic clients learn to access their creative potential, they might become more appreciative not only of themselves, but also of their possibilities and resources (Landgarten, 1981).

Furthermore it is hoped that through the group experience the members can increase in their mutual acceptance and empathy (Levine, 1979). Although Levine thinks that "positive feelings among schizophrenics members are possible, his expectations of "real feelings of closeness in the group" are low. (Levine, 1979, p 33). In general he suggests that schizophrenics have a low potential for deep relationships, and progress slowly. However, he allows for the possibility that some members might have a higher potential for psychological growth in the group than others (Levine, 1979).

CHAPTER IV

CASE PRESENTATION

After the theoretical discussion of group therapy and group art therapy with schizophrenics in the previous chapters, chapter 4 focuses on the description of the art therapy group at the drop-in center, giving special attention to the group development and group dynamics.

1 Methodology

The drop-in center, where the art therapy sessions were held, was open daily for 4 hours and staffed with two health care workers. Participation was voluntary and membership was granted after a psycho-social evaluation by the staff. Although the drop-in center was run in a non-directive manner, basic ground rules such as "no drugs and no violence" had to be observed by the members if they wanted to gain and/or keep their membership.

The clientele consisted mostly of chronic schizophrenics who, followed by psychiatrists outside the agency, presented the full spectrum of schizophrenia with positive and/or negative symptoms. Most, but not all functioned on a low psycho-social status and were well-fare recipients. Because of the open nature of the drop-in center new potential members were constantly evaluated and accepted, provided they fulfilled the membership criteria.

At the time when the author joined the drop-in center as an art therapy intern, she found a core of members who had known each other

for years. Subsequently the art therapy group was a mixture of old and new members.

Taking into consideration the limitations of their schizophrenic illness as well as the nature of the agency, the author adapted her approach in art therapy to being mainly supportive, non-confrontational and non-directive. However, as the group progressed in its development she also made some interpretations.

Because the drop-in center was struggling with under-funding, the art therapy group had to operate within certain limitations. Being aware that these limitations can influence the group dynamics considerably, the author will point out their effects, as she observed them, and describe their implications for the group in her case study. The following limitations seemed to be relevant for the art therapy group and affect the group process:

Being located in the basement of a church with poor lighting and air quality and no privacy, the center could not provide an atmosphere conducive to the creative process. Most of the group members were heavy smokers and were unable to refrain from smoking while in art therapy. An attempt of the art therapist to implement a non-smoking rule at the beginning of the group failed. Furthermore, she was unable to establish sufficient privacy for the group. The art therapy sessions were held in a large hall adjacent to the communication area of the drop-in center. Although the art therapist tried to segregate the art therapy area from the communication area by a screen and managed to keep the door between the two areas closed, most of the time, the group was not fully accessible through the hall way.

At times, however, the different separation, non-participating member, could be prevented from strolling in during the group process in order to avoid interruptions and/or emotional outbursts of members. In the communication area could be clearly heard in the art therapist's statement about group dynamics. Twice in the life time of the art therapy group, a drop-in member in the communication area decompensated and had to be restrained by staff and drop-in members until the staff intervened. Besides causing an emotional overload these events also demonstrated the collective strength of the drop-in members who managed to contain a decompensating client in a conjoint effort.

While being unable to provide sufficient privacy, the art therapist was not limited in the quality and choice of art materials which were at her disposal. Poor paper quality led to frequent ripping and limited the use of paint. Since only a limited amount of gouache paint and brushes were available, members often retreated to crayons or chalks which they did not have to share. Furthermore clay as an alternative for artistic expression could not be offered.

Although the group members had too little in terms of art material they seemed to have too much, regarding the space in which the art therapy took place. Consisting of a few chairs and tables, the art room seemed to be dwarfed by the large room which had the appearance of a church hall. However, at the same time the space was suitable for irritated members to distance themselves from the group in the front row and withdraw from the group without being noticed.

Regarding the group itself the art therapist met with the

following limitations. Given the initially "self-accepted" contract she was unable to screen or carefully select the group members. In lieu of meeting with the members before the first session "in order to explore and "anticipate the processes the person will be exposed to" (Evans, 1979, p.88), the art therapist saw the members for the first time in the art therapy session. Discussing and negotiating the structure with the group, the art therapist established the following parameters. The group was to meet initially once a week for 2 hours over a period of 7 months, which later was extended to 10 months. Half of the group time was allocated to the art activity and the other half to group discussion. Taking into consideration the short attention span of some members, the group participants could leave the art activity whenever they needed, however, the art therapist made an effort to reassemble them for group discussion. Furthermore, nobody outside of the group, which was characterized by "active participation", was allowed to be there either as observer or commentator. Although not always observed the rule was laid down that the members should treat each other and their artwork with respect. This respect was to be extended in the realm of communication. The members were encouraged to let each other finish and discouraged to talk at the same time.

The group which subsequently was formed can be described as a long-term group with more than 20 weekly sessions, 14 of which are presented in this thesis. The group began with 6 participants. During the course of the art therapy the group's membership varied constantly between 2 and 9 participants. Due to the open nature the group was able to be joined by new members in each session. The group consisted of 10 women

single male and female, however over a period of 4 months a couple also participated. Regarding the state of the group at the very beginning it is interesting to note that the group members had already formed "affective bonds, aversions and power relations" (Levine, 1979, p.30) from their general experiences in the drop-in center. Furthermore, some of the members had already experienced art therapy individually or as a group in previous years.

The author's group art therapy work with schizophrenics encompasses a time period of 10 months. Her case material is drawn from the first 4 sessions and therefore does not include a formal termination phase. In order to illuminate the group art therapy process the author will utilize concepts of verbal group therapists such as Levine, Bion, Erikson, Whitaker and Lieberman and Bloch and Crouch, while exploring the therapeutic function of art process and artwork in context with the work of group art therapists such as Wadeson, Landgarten and Rhyne.

In order to demonstrate the progressions and regressions in the art therapy group, the author obtained informed consent of the members to photograph their artwork collectively as they were produced in each session. Although the author tried, her grouping of the individual artwork, which appears in the accompanying photographs, does not correspond exactly to the grouping in the original session.

Besides the visual information, the author has some knowledge about the background of her clients. However, since the team of the drop-in center focuses more on the clients' present social situation and less on their diagnosis or past medical history, the author's own background information stems mainly from

the clients themselves. In order to provide complete anonymity, the clients' names, presenting symptoms as well as any other information mentioned in this thesis, have all been altered.

2 Case Study

This case study encompasses fourteen group art therapy sessions. Whereas the group in the first seven sessions seems to operate from the developmental stage of the parallel phase, it can be seen oscillating between parallel and inclusion phase in the following seven sessions. Predominantly in the first half of the group process, the therapist makes very few interpretations and instead takes the position of an empathic listener and observer.

The presentation of each session contains four elements: the art process and art discussion, observed by the therapist and her interpretation of the group art work and group process, which she did not share with the group.

Session 1

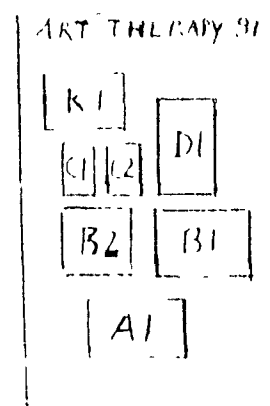
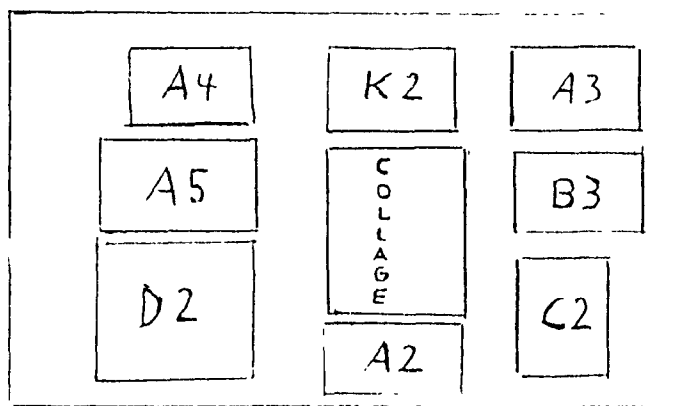
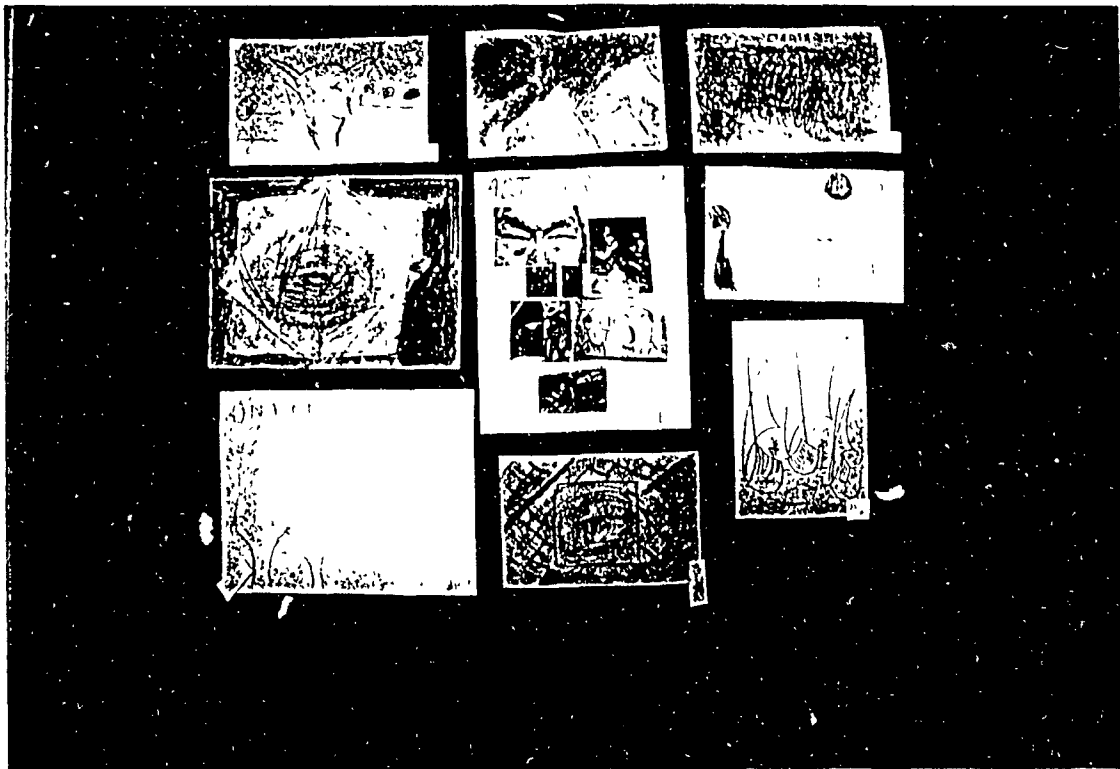
In the first art therapy session, the following members from the drop-in center took part: Bernd, Dietmar, Achim, Karl and Corinna, the only female participant. They were all adults, aged between 40 and 60 and except for one participant lived single lives.

As an introduction to herself and the other members, the therapist suggested to the participants that they select premade images which were meaningful for them. Contrary to the following sessions, the group art in the first session consisted of a group collage, assembled by the therapist, and the members' individual art work.

Art Process

After selecting an image of homeless people (A1), Achim proceeded to create four images (A 2-5) in rapid succession using different art media such as chalk and water color at the same time. To some of these pictures he assigned titles such as "the lie" (A2), "death" (A3) and "atheist" (A4). Whereas Achim was constantly talking, Bernd, another group member appeared to be timid and withdrawn. Smiling at the therapist, he selected a caricature with the theme of top dog/ underdog (B1). After adding another image of a businessman (B2), Bernd started a drawing with oil pastels (B3). Like Bernd, Cecilie, another quiet group member, chose two images which represented people (C1 and C2). Using only one marker Cecilie then continued with a monochromatic drawing (C3). Whereas Cecilie worked slowly and pensively, Karl created his image with quick strokes using chalk pastels (K2). The collage image he had selected showed the face of an Inuit who according to Karl could not see, because the light was too bright (K1). Drifting in and out of the art therapy area, Dietmar the fifth member, first selected the image of a group at a camp fire (D1) and then proceeded to draw a landscape which he titled "understanding" (D2). After the end of the art creation period the therapist and the group members mounted the art work on the wall. As in the following photograph the group collage with the title "Art Therapy, 91" was placed in the middle surrounded by the individual artwork of the members.

Figure #1



Art Discussion

The art therapist started the discussion by asking the student to describe the previous image, which she had assembled into a grid. The student described the image as a "face" and the meaning of the image as "a face". The therapist then asked the student to describe the image of the face and the student described it as a "face". The therapist then asked the student to describe the image of the face and the student described it as a "face".

his own situation, commenting spontaneously "I am too young to be down and out." His appeal was followed by silence in the group. Then Bernd began to talk about the caricature (B1) he had selected. Looking significantly at Achim who had made some derogatory remarks about him previously, Bernd titled his image "loud mouth" and said that he felt like the intimidated man in the picture. The second image of a business man who according to Bernd was depressed reminded him of his lost job. After Bernd, Cecille revealed that the two women, she had selected, represented two sides of herself, an angry, inner side (C1) and a nice, outer side (C2). She was surprised by the group members who interpreted the first image as having a sad rather than an angry expression. As opposed to Cecille, Karl explained the meaning of his image (K1) more indirectly by saying that the "Inuit felt too many sensations at the same time." Finally Dietmar interpreted the meaning of his "group picture" (D1) as his wish of finding understanding and having a good time in the group.

Presenting the group collage as a first expression of the new art therapy group the therapist suggested to the members to choose a title which was subsequently written on top of the images. The therapist proceeded by discussing the group structure and purpose. The group members gave only little input. Supported in their discussion by the therapist they finally defined two group goals, 1) to achieve better self understanding and 2) to have fun by expressing themselves through art.

After this agreement the members began to reflect on their individual artwork. Although their pictures were full of symbols and

significant titles, the group members made only few and general statements. Cecillie's image (C3) received the most comments and was praised for its skill, elegance and peacefulness. More disturbing pictures such as Achim's "death" (A3) and "lie" (A1) were not commented upon in the group discussion.

Although being empathic with the members and trying to acknowledge their many needs and frustrations, the therapist chose not to focus on the messages of despair contained in the artwork. Instead she suggested a search for common symbols. Finding common ground in their imagery such as in the repetition of the number three as in C3, K2 or A4 or in the emphasis of the sun in B3, K2 and D2, the members began to speculate about the meaning of their symbols increasing their involvement in the discussion.

Group Art Work

Besides indicating unconscious connections between the members through universal, the group art work could be seen as a reflection of the group situation or group voice, described in chapter 3. The collage as well as the individual art work was composed of opposites such as the images of the "bully and the timid person" (B1), "a group around a campfire" (D1) and "isolated, homeless people" (A1), "a person, blinded by light" (K1) and "a person in the darkness of depression" (L2), "feeling angry" and "being nice" (A1 and A2). In the individual art work the opposites manifested themselves in the title, "understanding" (D2) and "lie" (A3) or in the opposing flavors of "emptiness" in Bernd's picture (E3) and "crowdedness or turmoil" in Achim's picture (A2).

Intense and maybe contradictory feelings which seemed to be expressed by these opposites were also indicated in the detail of the art work such as the sharpness of Karl's mountains and Cecilie's cariboats and the colorful suns of Karl and Bernd. In summary, the group might be described as being blinded from too many intense sensations, dejected and angry in the face of overwhelming conflicts and at the same time longing for warmth in a friendly atmosphere.

Group Process

The group members of this initial session communicated their many needs and frustrations mainly through their artwork. While experiencing a high level of anxiety, the group seemed to have difficulty to face its intense emotions which ranged from feeling "brain dead" in A3 to experiencing intense anger in B1. Coping differently with the turmoil in their inner world the members showed their need and/or inability to control their self-expression in the use of different art materials. While Cecilie confined herself to one single marker, indicating her need of holding back her emotions, Achim's indiscriminate use of all art media available suggested that he felt overwhelmed by his emotions and needed to release them as quickly as possible. Another member, Dietmar, expressed his anxiety differently by constantly leaving the group. While expressing his wish for a constructive group, Dietmar signaled in his non verbal behavior that he could not stand the group for too long. Like the other group members', Dietmar's behavior was passive and non-committal.

Leaving the decision making to the therapist the group showed the first signs of dependency on the therapist as problem solver. Bernd's

collage selection could be seen as his silent appeal to the therapist to protect him against the "loud mouth", Achim. Achim seemed to show his need for help and nurturance differently by representing the despair and isolation of homeless people with whom he identified and also by choosing evocative titles such as "death" or "lie" for his artwork.

Considering the fact that all members behaved expectantly towards the leader, the author concludes that the group was operating from Bion's dependency assumption. The therapist influenced this emotional state in different ways. On one hand she might have reinforced the group's dependency on her, by assembling the group collage herself, instead of waiting until the group was ready "to put itself together". On the other hand the therapist's utilization of the therapeutic factor of universality at the end of discussion seemed to have helped the members to become more connected.

The group members' yearning for special gratification and their fearfulness to open up in group discussion could also be interpreted as the components of the group's first focal conflict, the disturbing and reactive motive, defined by Whitaker and Lieberman. Although the group members expressed their emotional hunger in their collage work and pictures, their reactive fears of punishment dominated the group process and prevented them from directly acknowledging their needs.

Session 2

The group consisted of four members, Achim, Karl, Cecile and Emil. Although present in the drop-in center, Bernd and Ingrid, did not take part in this session.

Art Process

Presenting with positive symptoms such as flight of ideas and florid speech the new member, Emil introduced a chaotic flavor into the atmosphere of the group. Contrary to Emil, Achim seemed to be more connected with the group's presence. However, during the art process he related to the therapist that he had been experimented upon and that "devils were exploding in his head". Achim's delusional experience seemed to be already expressed in his artwork from the first session A3 and A4. As he expressed the delusions he had formed around his medical experience and his headache, Achim worked very quickly, combining colors without premeditation. While working more reflectively on a continuation of his mountain theme of the first session, Karl asked Cecile for the prize of the boat that she was drawing underneath her statue of liberty (C1). Cecile smiled, but made no reply. After finishing her first drawing she changed her art media from marker to watercolor and created a landscape in intense colors (C2).

Figure #2



A1	C2	K1
E1	C1	K2

Art Discussion

As the therapist pointed out the absence of Berni and his face, the group showed no reaction. Not wanting to comment or to gain a deeper understanding, the therapist pointed out that the second image (K2) was a close-up of a face, but the group did not react. The therapist then pointed out that the third image (K1) was a close-up of a face, but the group did not react.

point, Karl and Emil began to talk, at the same time, about Cecile's artwork (C2). As the art therapist tried to channel the group's communication, suggesting that the group members should speak one at a time, Karl raised his finger and behaved as if he were in a school setting. He then turned to Cecile and told her that her picture (C2) was on fire. Cecile responded to this challenge indirectly by stating that she was afraid of mountains and bears which also were components of Karl's image (K1). Remarking that she did not like her second image because of the mountain, she then reflected on her first picture. Never having been to New York herself, she connected her statue of liberty with her wish for freedom and also with her experiences as an immigrant. The discussion ended with the reflection on Achim's and Emil's art work which both elicited loose associations in the group such as energy patterns (E1) and spaceships (A1).

Group Art Work

The main theme of the group art work seemed to be the representation of space. Relating to the inner and outer space of the clients, the combination of open space compositions (K 1,2, C1,2 and A 1) and form enclosed pictorial compositions (A1 ,E1) indicated feelings of loneliness and isolation as well as a lack of protection. Three pictures in particular reinforced this impression by their "spaced out quality" (A1, K2 and E1). Furthermore the stark contrast between greens and reds in Cecile's as well as in Achim's picture could indicate a struggle with intense feelings of anger, fear and pain. Unable to protect its center, the group appeared to be lost in space facing the danger of annihilation.

Group Process

The group members seemed to be more disconnected in this second session. Three of them behaved in a hyperactive manner, whereas the fourth client appeared to be withdrawn. Although there was constant talking in the group, all members seemed to be confined to their own personal space, unable to relate to each other in a meaningful way. Instead they showed pseudo-interactions such as Karl who seemed to challenge Cecilie when asking for the prize of her artwork. However, his message seemed to be more directed to the therapist whose authority he had begun to challenge.

Showing their difficulty to deal directly with their feelings in their pseudo-interactions, the members seemed to cope with the anxiety generated by the group process and their own personal issues in different ways. Whereas Emil tried to deal with his anxiety, which took the form of a horror vacuum or fear of emptiness, by filling up his pictorial space, Achim appeared to discharge his tension by creating his artwork very quickly. Cecilie, who did not show her anxiety outwardly, changed to a more fluid medium indicating her tension in her art process and artwork. Finally, Karl seemed to release part of his tension by provoking Cecilie and the therapist.

Challenging the therapist by "playing dead", Karl showed the first signs of rebellion against her position of authority. While Karl's behavior might indicate the first authority crisis, characteristic for the parallel phase, it could also be seen as an expression of his inability to deal with authority issues from an early point of time.

the group's functioning cannot be discussed in detail since at this point the individual participation in members' sessions and the group composition (in that and in subsequent points) do not provide enough material to do so. It is possible, of course, that one can speculate on the cause of the drop in participation. Possible conclusions are: that the group art process had induced the members to work in the group or that some group members, such as Ibrahim, had been too much attached to their core issues too soon while reflecting on their artwork. It is also possible that the therapist did not provide enough containment for group members, such as Achim, Karl or Imil, who seemed to need a high degree of control. Other non-specific reasons for the low participation can be found in the individual process of alliance in some group members and the change of weather towards colder temperatures which caused a general drop in participation at the end.

Given all the possibilities, it is remarkable that Imil, who seemed to be the most dysfunctional member of the group, continued in art therapy. The opportunity to express himself and communicate his personal messages through his artwork had become very important for him.

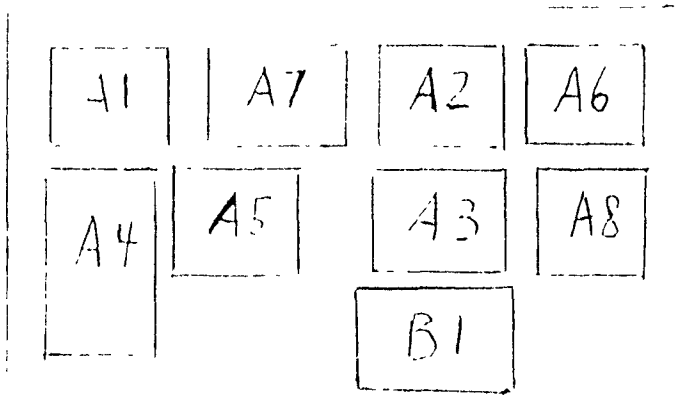
Session 5

There were from two to three members, the group was composed of Achim, Karl and Franz, who participated at the beginning and Franz, a new member who was difficult to understand because of his hurried speech.

Participants

After the art session of his alliance, Achim tried to make up

for lost time and created eight pictures in rapid succession. Achim's imagery was connected to the theme of space which was decreasing in size as he depicted North America (A1), Canada (A3), Quebec (A6) and Montreal (A7). Besides these subjects that were represented as aerial views, Achim also created mythological images related to Atlantic issues (A4 and A5). Watching the color dripping from one of the pictures, he looked at the therapist and stated that "poison was dripping from his image". Distancing himself bodily from Achim's "poison", Bernd sat at the other end of the table. However, he seemed very sensitive to Achim's constant monologuing and told the therapist that he wanted to learn how to stand up to the "trouble maker". Between these two members, Fran worked at the pictorial presentation of a story on different sheets of paper (F1 and F2) while talking to himself in a low voice. Besides the constant noise created by two members, the group had to cope with several intrusions from the drop-in clients which occurred during the art process as well as the discussion. One person tried to take away art material whereas another drop-in member, Gerald, walked into the group, wanting to talk to the therapist. Gerald later joined the art therapy group for one session.



Francis and Frank seemed to antagonize each other during the time they were in a concerted effort to understand Francis' behavior. The two researchers' and Dr. Strauss' combination of knowledge and experience made communication difficult.

Changing the focus from Fran's artwork to Bernd's picture (11), Achim remarked that Bernd's airplane looked like a submarine or a missile and then added that Bernd would like to form his own group. Affirming Achim's last statement more to himself than to the other group member, Bernd then commented on his picture: he said that the pilot in his picture had achieved what he, Bernd, needed to do, "to get his feet on the ground". Without responding to Bernd's comment, Achim directed the group's attention to his artwork. Although he began to explore his picture by associating the color green with his country of origin, he did not elaborate on his views or experiences in different countries or the city he was presently living in.

Group Artwork

In addition to the theme of space which was present in session 7, the group art work now showed means of transportation such as Fran's submarine and Bernd's airplane. Whereas the world was being conceptualized from the bird's eye view, one person had negotiated the air space successfully and landed on safe ground. His maneuver appeared to be quite courageous given the presence of overwhelming negative forces that were expressed in Achim's art work. It seemed as if the group in the process of opening up to the reality of its negativity and subsequently was becoming more grounded.

Group Process:

In this session Achim claimed most of the group's attention by his attention seeking behavior as well as by his art work which showed a lot of the wall. His emergence as a dominant member of the group in this parallel phase, was opposed by Bernd who continued to keep a low profile.

The art therapist conveying his need for standing up against opponents and assert his autonomy in his artwork. Although Achim and Bernd were engaged in a struggle of domination and submission the speech handicap of the third member, Franz, induced them to altruistic action. Operating as a therapeutic factor their altruism helped Achim and Bernd to give up their preoccupation temporarily. However the intrusion from non participants drop in members broke this focus on helping each other and reduced the two group members to their previous isolation and animosity.

Session 6

The group consisted of 7 members Achim, Karl, Helmut, Tom, Waltraud, Lorenz, Mar and Emil. Living together Lorenz and Waltraud not only shared their experiences in the drop-in center, but also in their daily life.

Art Process

Achim continued to play the role of the dominator by commenting on others during the art process and taking a central position in the group discussion. At the same time Achim was also trying to give form to his "devils" which he felt inside. When he finally arrived at a form for him self trying representation he showed his art work (A1) to the therapist. Following her affirmation of his successful effort, Achim created a heart shape (A2). The warm colors of this image were in striking contrast with the representation of Achim's "Belialcohol" to which he had added "Love Life". Struggling for space with Achim, Helmut painted a blue christie tree (A3). While creating his artwork Helmut related several

associations with his image such as his sadness and family memories. Focusing on Easter instead of Christmas Watteraud combined an egg with a wild flowering plant (W1). Lorenz, who sat beside her, created first a self portrait and then drew as a second image a big eye which he titled "big brother is watching you". Karl followed the same theme by drawing isolated pairs of eyes gazing at each other (K1). While creating his second picture (K2), Karl talked about being on the beach and enjoying the sun. Like Karl, Emil did a lot of talking during the art process. Changing his approach he began with colorful patches instead of starting with empty forms which he would gradually fill in as in session 2, 3 and 4. Showing initially a quality of clarity, Emil's forms soon lost their delineations and led to the impression of a "muddy picture" (E1). Max, the only silent group member, created a house and a windmill which were both accessible by trails. After finishing his artwork he left the group and did not return for discussion.

A1	E1	W1
12	K2	H1
14	K3	K1
15	K4	A3

11-11-1964

43

picture". Lorenz reacted to Achim by putting his image of the boy's eye over one of Achim's pictures. No direct comment was made on this image, nor on Karl's paranoid eyes that followed the same theme. Instead the group members focused on Waltraud's artwork. The Easter egg was perceived as being peaceful. Contrary to Waltraud's picture, Helmut's artwork elicited a greater variety of comments, such as "hemorrhoid operation" from Lorenz or "ice cream" from Karl. Although the art therapist tried to encourage comments on other images, such as Achim's Belialcohol, the group members avoided the artwork that was more confrontational. At the end of the discussion Lorenz quickly destroyed his artwork, before the therapist could collect it.

Group Art Work

Due to the increased membership the group artwork showed a greater variety of issues from the outer facades of houses (M1) to the depiction of hidden inner life (A1). In contrast to the paranoid quality of bodyless eyes (Lorenz and Karl, K2) the group art also had acquired a flavor of softness and caring expressed in Achim's, Waltraud's, and Helmut's pictures. Even Achim's snake was contained in a protective shell. Its sexual connotations reverberated with Karl's suggestive beach picture (K2). With the element of love in its sexual and/or caring aspects, the group seemed to have found a new resource to balance its negative forces.

Group Process

Presenting the group members "as being all at one" Lorenz implemented the restrictive solution to the group conflict, defined by Whitaker and Fireberman, of wanting to be special to the therapist.

at the same time fearing her punishment. However, although it seemed to reduce his anxiety, the restrictive solution was not accepted by all members. While on one hand Achim was projecting his disturbing wish on Lorenz, making him the therapist's pet, on the other he also made effort to confront some of his feelings by expressing them in the artwork. Achim seemed to obtain temporary relief from his tension by utilizing the therapeutic factor of catharsis effectively. Also for a short time Emil seemed to be pleased with his effort of communication through his artwork. However, very soon Emil's colors became muddy and the message he wanted to convey to the group unclear. This coincided with an increase in Emil's agitation and speech velocity. Although Emil's preterial change from temporary clarity to confusion and his behavioral deterioration were related to his own pathology, Emil also might have reacted to the events in the group more sensitively than other members.

Expressing the group's anxiety in his artwork as well as his behavior Emil's function as group thermostat was characteristic for the group's developmental stage, the parallel phase. However, not only Emil, but also Lorenz reacted very sensitively to the group. As in Emil's case, Lorenz's anxious behavior which cumulated in the destruction of his artwork could also be interpreted from two different view points. On one hand it clearly was related to his own lack of impulse control, on the other hand, seen from the group's point of view, Lorenz's destructive behavior could be representative for the whole group struggling with Erikson's conflict trust versus mistrust, which the author considers to be the central conflict in the parallel phase,

the group members seemed unable to talk about the deeper issues in their artwork. Consequently the therapist's assistance of the group in a "first opening up" to the outside world was of paramount importance.

Session 7

The group began to show more consistency in its membership. 4 members had already participated at the beginning of the group, Achim, Karl, Emil and Cecilie, whereas Norbert experienced group art therapy for the first time. Returning to the group after 6 weeks, Cecilie declared that she had not participated because she did not feel strong enough for the group.

Art Process

As an open suggestion the therapist pasted large sheets of paper on the wall which were assigned for a group mural. For a long time only Karl worked on the group mural, filling up its space with generous brushstrokes. His theme of mountains and churches in the group mural was later repeated in his individual artwork where he added a kneeling female figure (K2). Being asked by the therapist, if and how the group could enter the picture, Karl told the members to join in at any time. Leaving their individual artwork all group members participated except Emil who continued with his individual artwork (L1). While Karl applied the paint vigorously, Achim shared his space for a short period of time and contributed thin brush strokes that were almost invisible. There he returned to his own artwork and expressed himself without the restraint he had shown in the conjoint group project (L2, L3). Contrary to Achim, Cecilie and Norbert engaged more deeply in the mural. At the end of

They joined together in a team while Gertie created a duck, Norbert provided the environment by drawing pond water around it. Norbert became visibly anxious as Karl's wet paint dripped from his mountains over the duck's tail whereas Gertie reacted to this intrusion with a smile.

Figure III

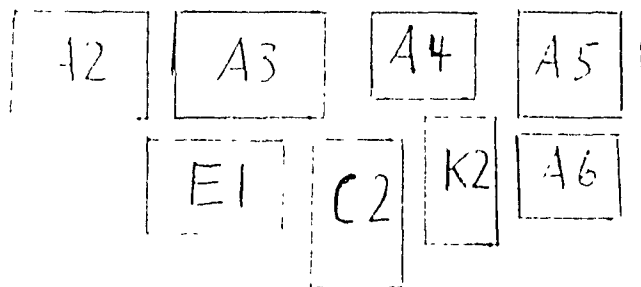
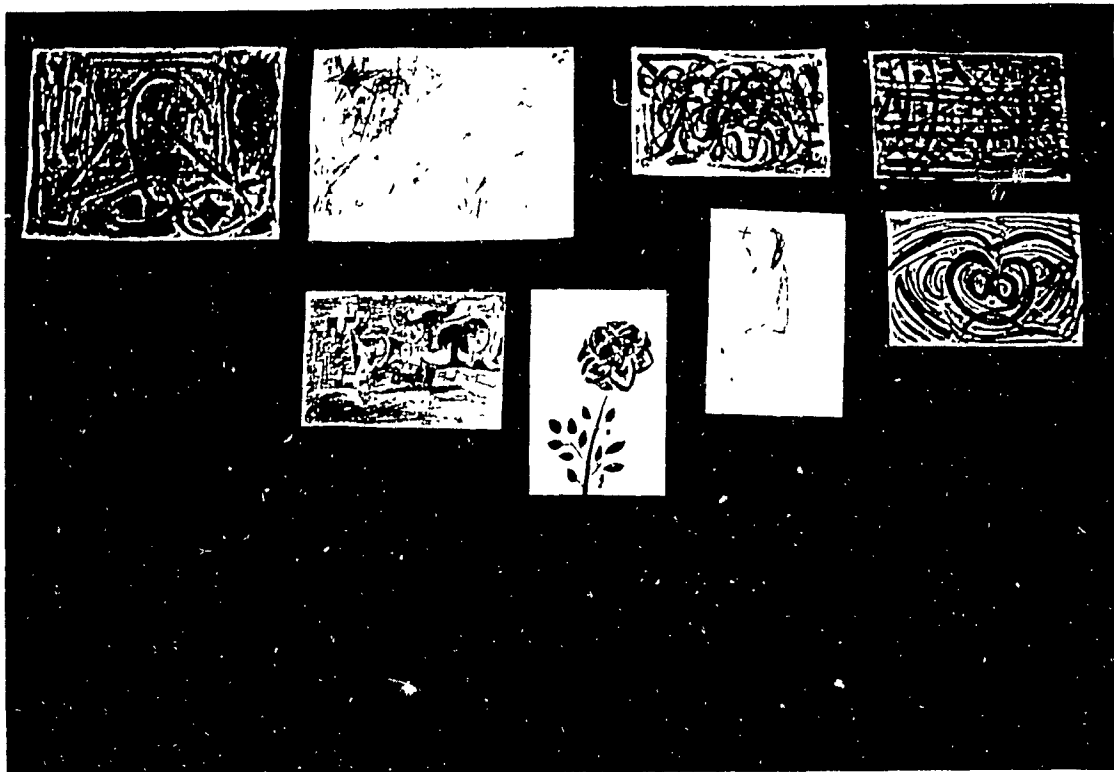
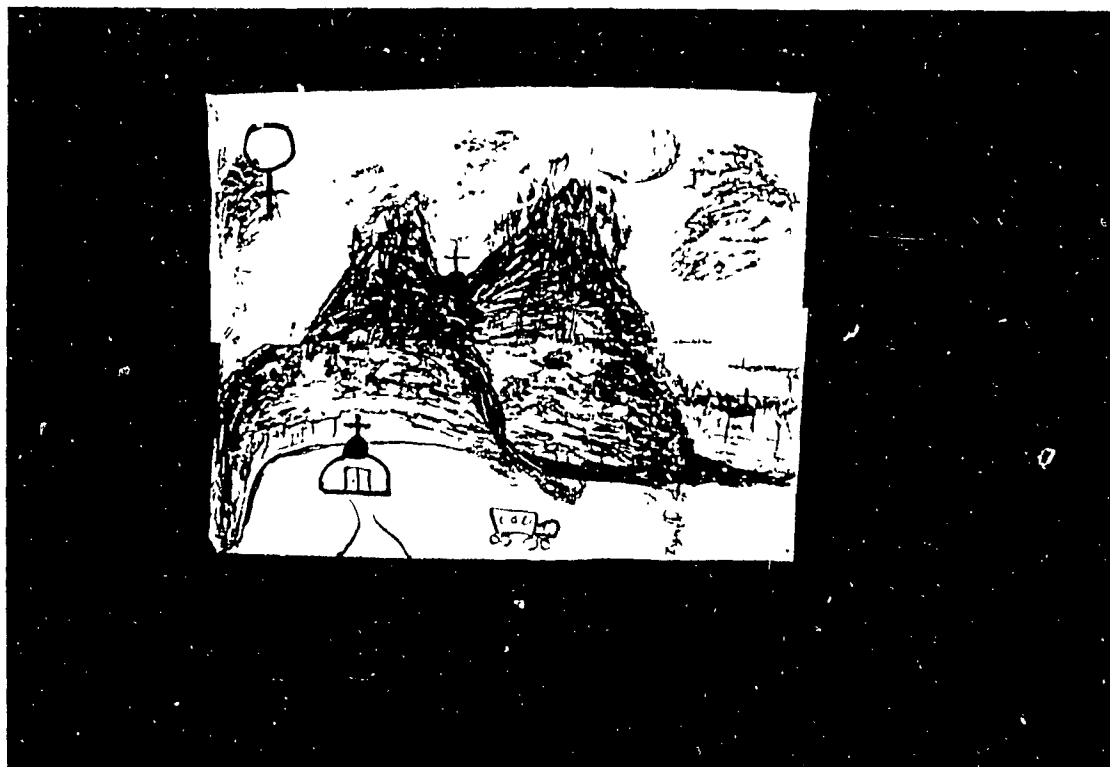


Figure #6



Art Discussion

The group members were impressed by the power of the group itself, but, did not comment specifically on its content or on the process that has led to its creation, except Herbert Robertson. The only one who made a specific comment, stating that he did not feel the need to improve

the male aspect of god symbolized in Karl's sun with her female aspect by adding the symbol for femininity. After this comment the discussion quickly switched to Cecilie's individual artwork. Her "rose" was perceived as beautiful. Moreover, Achim praised Cecilie as being the light of the group showing what the group members could do. Then the discussion moved to Emil's artwork which was interpreted as a tropic land. Describing an angel that nobody else in the group could see, Emil drew laughter from two group members. He then commented that nobody should make fun of the artwork. The art therapist reinforced Emil's request emphasizing the importance of respect for each other and each other's artwork. Not paying attention at first, Achim and Karl finally acknowledged the group members' potential and need to be supportive of each other.

Group Art Work

One major focus of attention in the group art is Karl's presentation of fire spewing mountains. Dwarfed by their size the churches, train and duck looked like miniature toys. While looking serene, the duck seemed to be influenced by the sliding earth from the mountains and their fire that was reflected in its water. This image of the "sitting duck" could be a symbol of the therapist or other group members who were on the receiving end of the group's rage and frustration. Moreover, like the duck, the little train marked "god" appeared to be small and relatively helpless in view of nature's capabilities.

Since being an expression of anger the mountains could also be interpreted as bleeding breasts indicating that the group members were

not receiving the nurturing they needed. Considering the extent of their unmet needs, existing resources such as the train seemed to be highly insufficient. As if to balance the group's turmoil, which was also reflected in the individual artwork (A's A's and H's), Norbert had introduced the female symbol, indicating gentleness and caring. In summary it could be said that the group was struggling with strong feelings while its defense of denial expressed in Cecile's role could be beginning to lose its power.

Group Process

Achim's trend setting of spontaneous self-expression seemed to have taken effect in the whole group. However, his tentative brush strokes in the group mural seemed to indicate his fear to contaminate or destroy the group endeavor by his self-expression. Taking over the leadership role from Achim, Karl seemed to become more assertive in his self-expression role. Both Achim's and Karl's actions could be interpreted as an expression of interpersonal learning. While Achim stopped his overbearing behavior, Karl used his creativity in the service of the group by providing most of its meeting ground in the group mural. Furthermore the other team, Cecile and Norbert seemed to enable each other to take part in the mural and tolerate "its heat".

With the appearance of teams or subgroups and a more or less successful resolution of the authority crisis, mediated by Karl, the group might be in transition to the next developmental stage, the inclusion phase. It seemed that the group mural had facilitated the process.

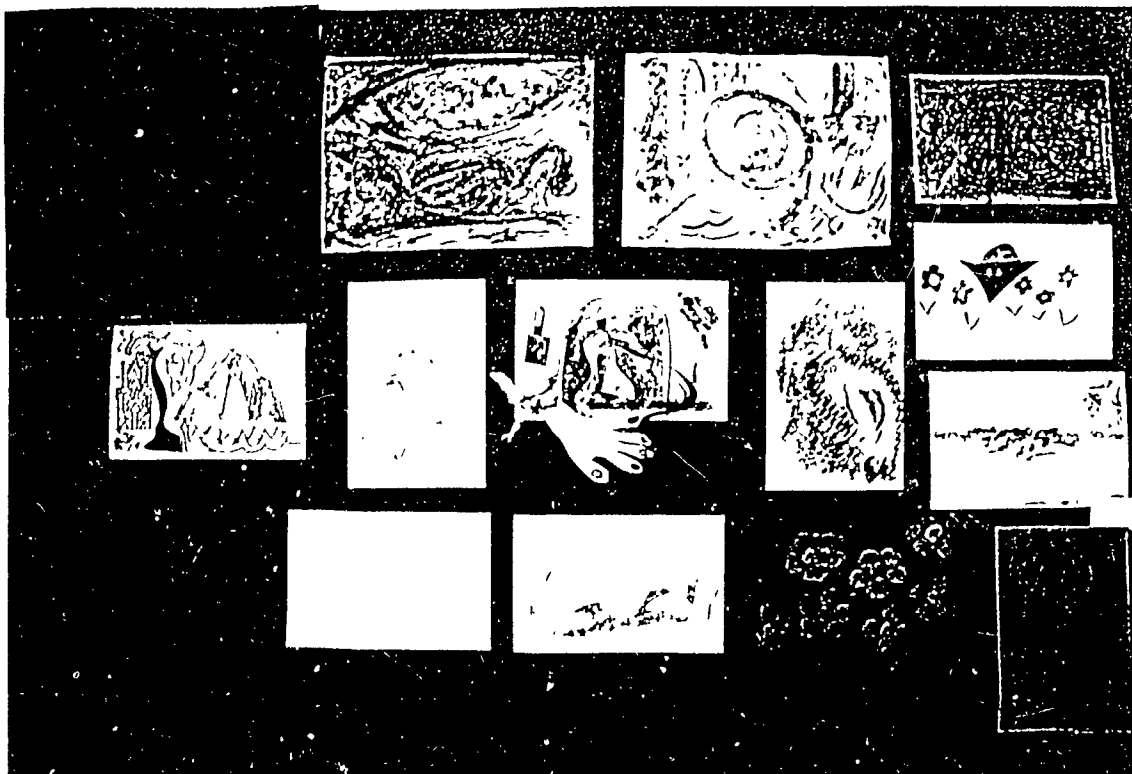
Session 3

The group membership had risen to 10 members, Franz, Achim, Karl, Helmut, Waltraud, Lorenz, Norbert, Emil and Cecile.

Art Process

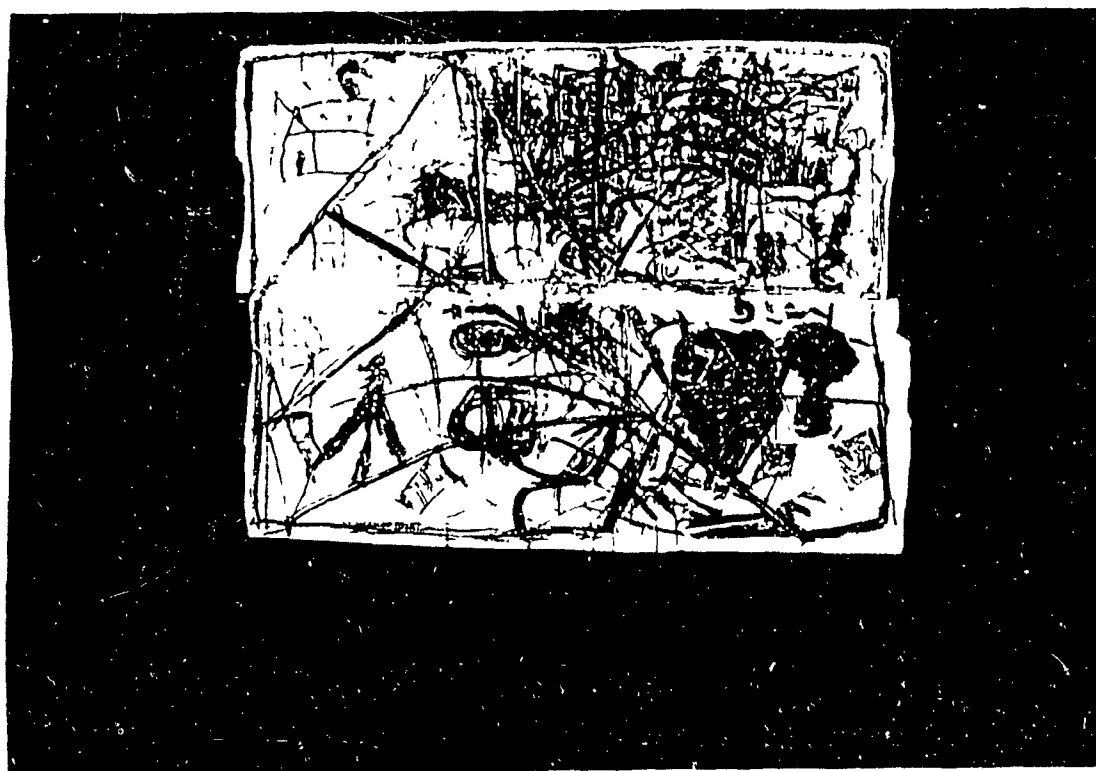
The therapist helped the group members again to set up the space for a group mural. The first member to confront the white page was Helmut who wrote "Bull and Bullshit", using red paint. Karl agreed with Helmut's statement whereas the other group members remained silent. When Helmut left the art therapy group, Achim began to work on the mural transforming the words into forms until their message disappeared completely. He continued to work with red paint and soon was joined by Cecile and Norbert who contributed green images and symbols such as S.O.S. Realizing at his return that his statement had disappeared, Helmut became angry. Although the therapist encouraged him to talk about this issue in the discussion period Helmut left the group.

Watching from the sidelines of their individual art work the other members who did not engage in the mural followed this development attentively. Waltraud paired up with Franz to help him get started whereas Emil and Karl continued to work in their individual space.



	A2	A3	A4
S1	L1	W1	L2
			K1
			C1
13	W3	W4	W2
			L4

Figure 83



Art Discussion

The group mural was the first subject of discussion. Focussing on Achims' initiative of changing words into images, the therapist asked the members how they felt about it. Cecilie stated that Achims' intervention had made it easier for her to participate in the mural. Reflecting on its content Emil stated that it was like a city with many things inside it. Franz added that the mural was a reflection of society today. Whereas Norbert felt that the color green carried a message of hope, he did not comment on his repeated S.O.S signal that he had introduced into the mural. The group members then proceeded to talk about their individual images. Cecilie began by commenting that "it was getting cold in her picture" (C1) and also outside in the world. Focussing on the similar motives of a sun on the horizon in Cecilie's and Karl's picture (K1), the therapist encouraged the group members to explore its personal meaning more in depth. Identifying the sun in his picture (E1) as a source of divine energy, Emil began to describe an angel as one of its components. This time the group members could identify his divine messenger in the artwork. They acknowledged that Emil's imagery had become more accessible for them. Emil's angelic imagery then led to Waltraud's 3- dimensional collagework (W1) which combined the images of an angel, human heads and hands and a raging fire. Although admiring Waltraud's artwork for its craftsmanship, no one commented on its content. Choosing not to discuss it herself, Waltraud made general statements about her flower pictures (W2, W3). The discussion then moved to Franz who explained his effort of portraying immortality to the group. Lorenz's artwork was the last to

be discussed. Stating that he had enjoyed creating his artwork because "there had been no performance pressure", Loren described his "wanted ad of a proper young man" (L1) as a mockery of the yuppie culture. He then identified with the portrait by saying that he had been a yuppie once, but had lost his ability to keep up the high living standard. The discussion period ended, before Loren found time to comment on his other artwork.

Group Artwork

Compared to the first group mural in session 7, the second group mural appeared to be more abstract and complex. Indicating a state of confusion and pain, this group mural could be representative of the fragmented ego state of its members. At the same time it could also reflect the web of a hostile society in which they found themselves caught. The silent appeal of the group mural emphasized by the S.O.S. signal seemed to be answered by the angels in the individual artwork of Waltraud and Emil. With their super human power they appeared to be able to counteract destructive forces such as Waltraud's hell fire or the turbulent ocean of darkness in which Lorenz's ship (L2) struggled.

Besides relying on super natural forces, the group members also seemed to find resources in nature as in Cecile's green symbols of the mural or in Karl's individual artwork (K1). The change in Karl's mountains from sharp steep mountains (session 1) over erupting volcanoes (session 7) to flowering hills might reflect a general feeling of hope in the group to finally obtain the right nurturance.

Group Process

Although most members having difficulty to express their fears and phantases openly, one member seemed to take more risk in their art expression. Furthermore, contrary to previous sessions, most members shared their own reflections about their artwork first instead of passively waiting for the comments from other group members or the therapist. This led to a decrease of the therapist's centrality and an increase in the interactions between group members. Emil's art work showed a new quality of clarity.

The group's arrival in the inclusion phase could also be seen in the development of 3 subgroups during the session. Two factions were formed around the controversial issue of what to do with Helmut's bullshit. Whereas Karl supported this obstacle preventing a constructive group mural, Achim took the initiative and transformed Helmut's words into imagery, enabling other members to participate. It seemed that at this very instance Achim negotiated Erikson's conflict of initiative versus guilt, attributed to the inclusion phase, successfully. However, while the implications of Achim's intervention for his daily life remained unclear, he also could not be seen as representative for the whole group.

The ongoing struggle of most members with this core conflict could be deduced from their non-participation in the group mural as well as from their artwork. Indicating overwhelming guilt feelings in their artwork Waltraud and Lorenz showed their failure to negotiate this conflict successfully for themselves and also for the group.

Although the conflict initiative versus guilt presented a severe obstacle for the group, most of the members seemed to have mastered its

predecessor, autonomy versus shame and doubt within the framework of group art therapy.

Changing his perspective, Lorenz demonstrated the successful resolution of this first conflict in the inclusion phase. He not only began to tolerate his self expression, but also to enjoy its creation. Reasserting his autonomy in his artwork he felt confident enough to talk about his losses at the forum of the group.

Although the group seemed to have progressed to the inclusion phase, the appearance of angels in the group artwork still indicated the group's preoccupation with magical solutions. A characteristic of the parallel phase as well as of the schizophrenic population in general, the group's belief in magic interfered with a realistic perception of reality. In the group context the therapist might still be considered as a magical person who would make things right for the members. However, the increased interactions between members and the development of humor indicated in the transformation of "the bull" are more indicative of the inclusion phase.

Session 9

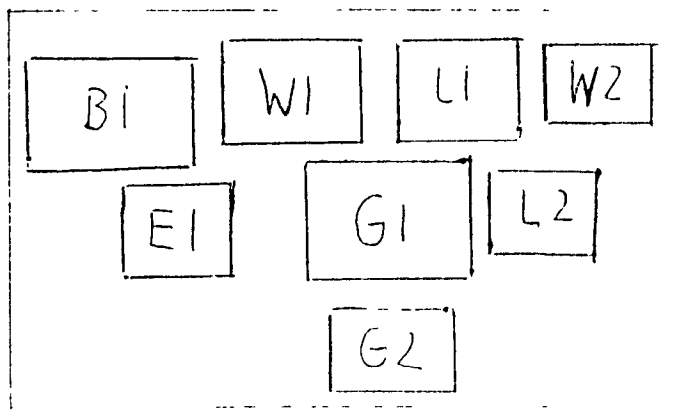
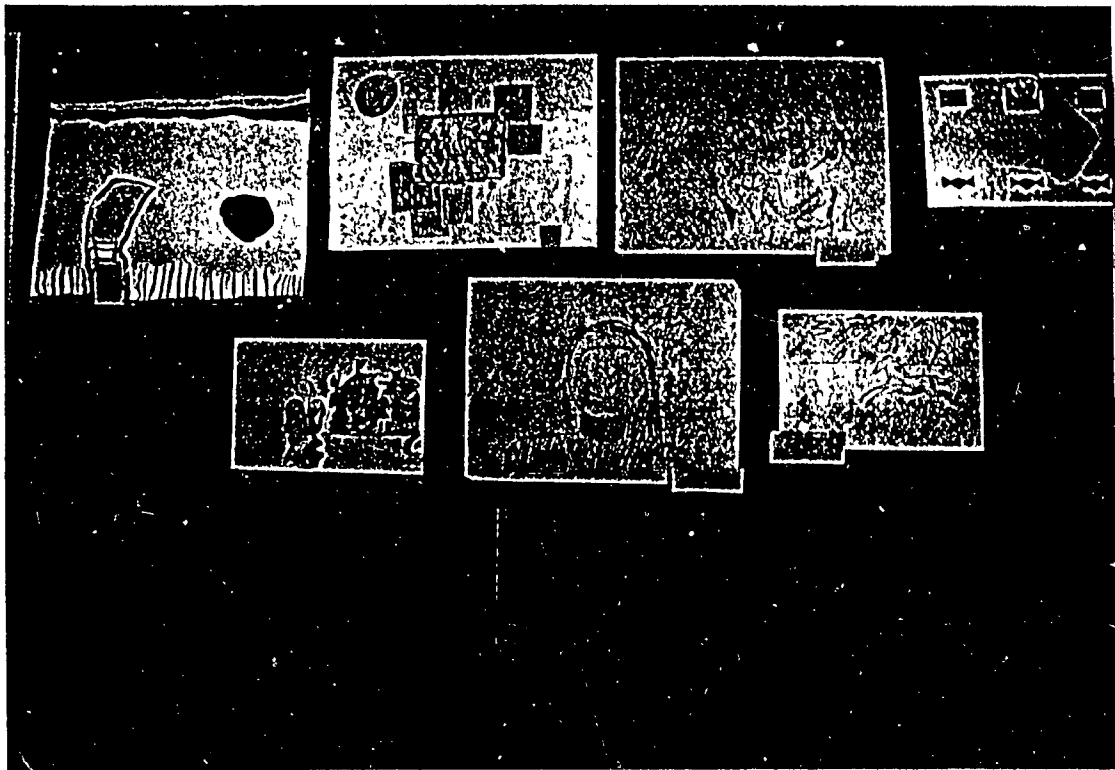
The group consisted of 5 members, Waltraud, Lorenz, Emil, Bernd and a new participant Gerald, who had asked the therapist for advice outside of the art therapy group. Before the session began, she approached the therapist stating that she did not want to join the art therapy group, because she felt empty today. Although the therapist encouraged her to externalize and share her feelings of emptiness and coldness which she had already indicated in her landscape of session 2, Gerald chose not

to participate in the group.

Art Process

At the beginning of the session, Lorenz shared his sadness about a lost job opportunity. As Lorenz complained that he had nothing to do, Waltraud suggested that he should do some artwork. Working side by side, Lorenz began a caricature (E1) whereas Waltraud engaged in an abstract, opposing rectangles of various sizes with a singular round form (W1). Like Waltraud starting from abstract forms, Emil arrived at a female, human shape which echoed the colors and shapes of other components in his artwork (E1). Also focussing on female characteristics Gerald drew two female faces with almost identical expression on two different backgrounds (G1 and G2). Sharply separated by an emphasized neck region, one of his pictures showed an indication of an upper body (G1). While creating his artwork Gerald kept a tight watch on the therapist as if searching for her reactions. Besides Gerald, Lorenz and Waltraud also created two pieces of artwork. While Lorenz's second picture of a horse in motion (L2) became more representative, Waltraud stayed in her abstract world (W2). Cutting holes into a white sheet of paper she then pasted it onto a black background and decorated one area. Contrary to the other members who worked with standard formats, Bernd determined his own size of paper and starting with a baseline painted different objects (B1). All the members were engaged in their individual artwork and showed no interest in working collectively at a group mural.

Figure #1



Art Discussion

The discussion began with the reflection on Emil's picture. Emil commented that the woman in his picture was pointing to the riches of the city behind her. Being asked to elaborate on the riches by the therapist, Emil answered that the world was constantly endangered by the army. He then continued to talk about pollution and other world problems. Ignoring Emil's ramblings, the group turned its attention to Waltraud's artwork. After Bernd said that he liked Waltraud's abstract (W1) because of its colors, Waltraud described her artwork as a Mondrian like assembly. Although her second creation inspired some ideas in the group such as a window with flowers or key holes, Waltraud gave no explanation. Similarly hesitant to comment on his pictures, Lorenz said that he liked drawing cartoons. Being asked about his second picture Lorenz stated that the horse was running away. Bernd was more open in discussion reflecting on his artwork. Describing the yellow structure in his picture he talked about his hopes of finding "the yellow brick road" or right way in his life. He then continued by saying that the round object was a hole filled with pain related to bad experiences in the past which he did not specify. As the discussion moved to his artwork Gerald asked the therapist about her opinion of his pictures. The therapist responded to this request by turning the question back to the client himself and also to the other group members. Besides superficially restating the subject of Gerald's drawings no other comment was made by the group members. At the end of the discussion Waltraud stated that she wanted to destroy her second artwork, because it was too difficult to store. Stressing once again the value

of each self expression in art therapy, the therapist helped Waltraud to make a special folder for "her difficult piece."

Group Art Work

Although the group members interpreted Waltraud's colorful symbol as a flower it could also be seen as a fire that had broken out in a room upstairs. Compared to the last session Waltraud's fire was diminished in size and, being more distant, seemed to have lost its impact on the the group. A distancing from strong emotions might also be seen in Waltraud's retreat into an abstract world, Loren's caricature and image of a fleeing horse, and Gerald's sharp division between the head and body of his female figure which indicated a lack of connection between thoughts and feelings.

Gerald's symbolic separation seemed even more pronounced in Bernd's artwork. Being cut off and leading nowhere except back into the earth, Bernd's yellow brick road with its central structure could be a self reflection of the group members, indicating their stunted psychological development as well as their shattered hopes and dreams. Like Bernd the whole group seemed to have split off its pain, which lacking the grounding of consciousness surrounded a black hole or absent self. Although the group artwork seemed to reflect the fragility of the members, it also contained signs of hope and growth such as Bernd's choice of color for containing the pain or the tentative growth coming up from the baseline of his picture. Furthermore the strong presence of female images (Emil, Gerald), or symbols (Waltraud's green earth) seemed to indicate a collective effort to access the nurturing and caring qualities in the group.

Group Process

Although there was some sharing of negative emotions at the beginning and end of the discussion, the group as a whole seemed to be fleeing from strong emotions which were more present in the interactions and artwork of the previous session. Engaged in Bion's flight assumption which has been defined as being characteristic for the inclusion phase two group members could be seen as either retreating into the abstract and intellectual world of Mondrian or literally running away from disturbing emotions such as anger and frustration. Although Emil informed the group symbolically that he had many good things to offer, he soon took flight in his ideas, defining the army as a group enemy. In addition to the individual flights of the group members, the space of the group mural which had served as an area for working out group conflicts in the previous session remained empty today..

This decrease in group interactions between the members showed the group's tendency to revert back to the parallel phase. The group behaved like the new comer, Gerald who, as indicated in his behavior during the art process, seemed to be operating from a dependent position.

Session 10

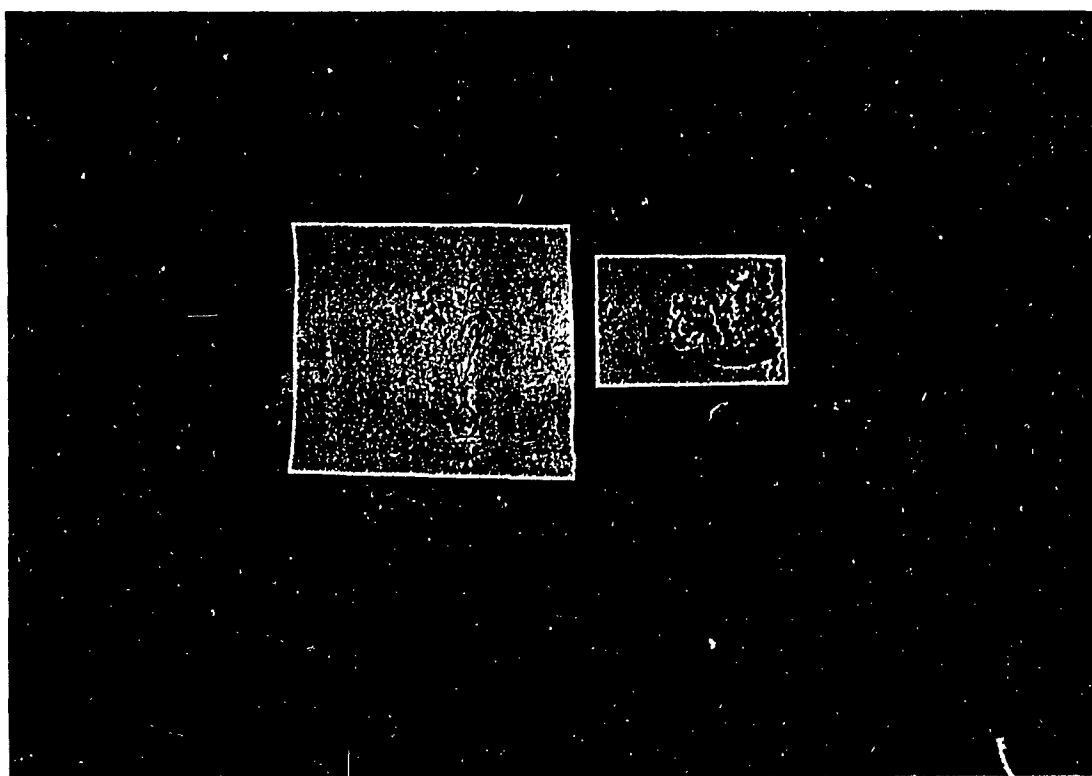
The group consisted of 2 members, Cecilie and Emil. Achim who dropped in to say hello, left the group without participating because he was ill.

Art Process

Whereas Emil was talking incessantly, focussing on the deterioration of the world, Cecilie worked in silence. As opposed to

For all the noise and confusion, the
soft protest of the mother's voice was heard
a bird, or the teacher commented in a few words that the bird was
around the corner. At the therapist's request, the mother
Christmas meant to them for me responded that the bird was in the
time while seemingly oblivious to this conversation and not
talk about the problems of the world.

Figure #10



Self-expression

In an effort to interrupt Emil's flowing speech pattern, the therapist tried to explore connections between Emil's present group experience and his view of the "people of the world" who, because of the on-going war with each other, were unable to communicate and had no respect for the individual. Unable to reflect on his present group experience directly, Emil passively agreed with the therapist's suggestion that the art therapy group could be used as a training ground for better communication and understanding. While Emil continued to talk rapidly and had difficulty to concentrate on the discussion, Cecillie looked at his imagery from different angles and discovered a colorful dragon which she liked very much. Cecillie's comments on his imagery awakened Emil's interest for a short time period, leading him back to the presence of the group. However, when Cecillie proceeded to speak about her own picture he fell back into his isolated monologue. Depicting her pet cockatoo and a vase of flowers, Cecillie commented that she had chosen these two images, because she wanted to surround herself with objects that she loved. As the therapist enquired more about her feelings, Cecillie talked about her loneliness which was exacerbated at Christmas time. However, she then added firmly that she preferred to be alone at Christmas time.

Group art work

The group art work consisting of two pictures appeared to be drained of vitality not only by the missing contribution of other members, but also by its increase in empty, white space. Interpreted as self-reflections, both Cecillie's cockatoo and Emil's dragon were

portrayed in isolation, as well as a metaphor for a completely unshared dialogue. Another indication of this lack of group cohesiveness and connectedness could be seen in Cecile's flowers, which she began to shed their petals.

Group Process

Considering both, the absent and the present group members, the group members seemed to have withdrawn from their experience in art therapy. Besides other reasons, such as illness, the members' attendance and/or withdrawal could also be related to the upcoming holidays, which were provoking a separation crisis. Causing a general slow down in the drop-in center and a cancellation of art therapy for about two weeks. Christmas emphasized the members' feelings of loneliness and failure to have meaningful relationships. Although Cecile and Emil indicated in their artwork a yearning for companionship, they both seemed to be unable to tolerate the intimacy of interrelatedness. Whereas Cecile seemed to hold back her emotions by using more controlling art media, Emil's retreat into his paranoid world was more evident in his behavior as well as in his artwork.

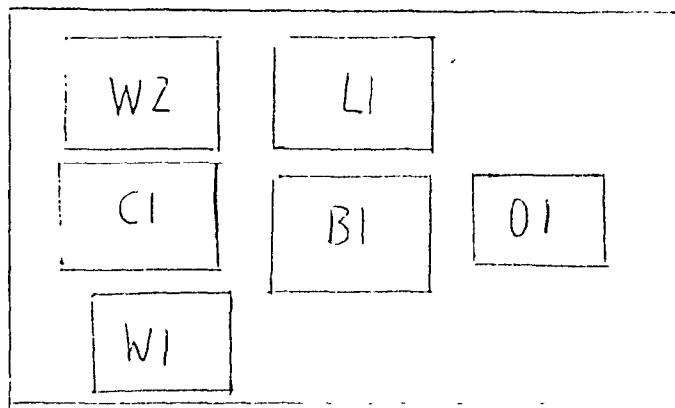
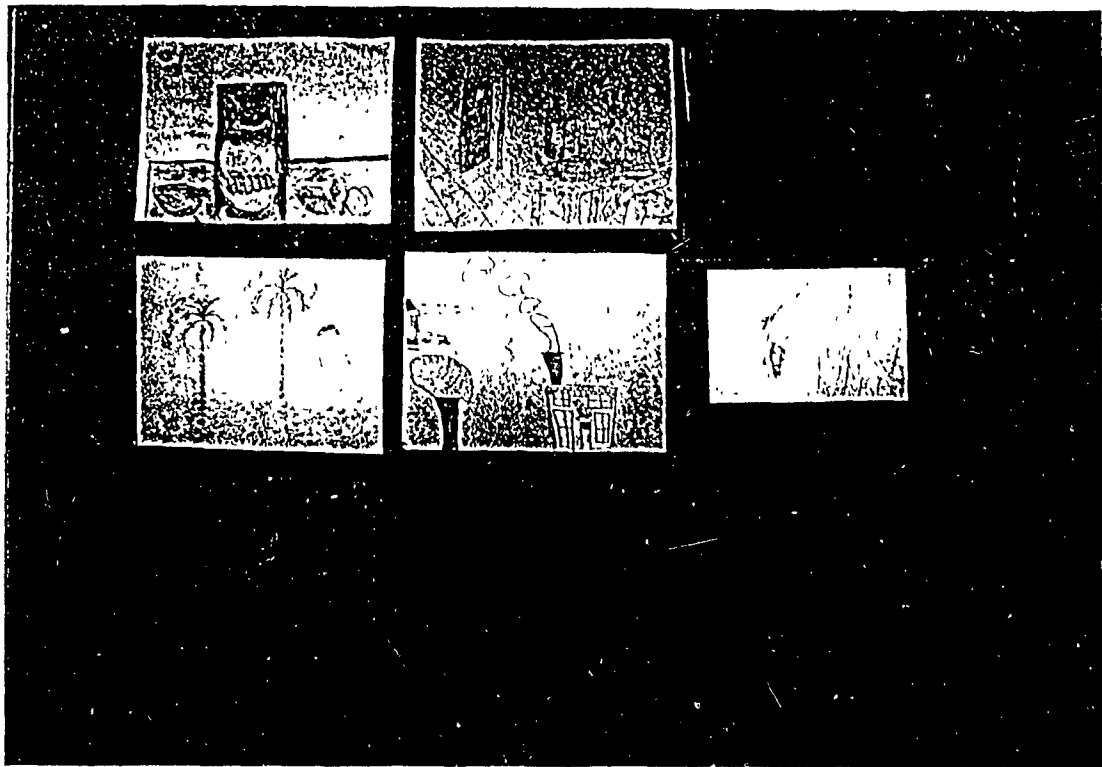
Session 11

This last session before the holidays was preceded by a crisis in the center. A drop-in member, Paul, had lost control and needed to be physically restrained by the staff and the members until the police arrived. Of the 5 members, Cecile, Lorenz, Waltraud, Bernd and Frank, who participated in art therapy, Lorenz was most actively involved in the effort to restrain Paul.

Art Project

At the beginning the group briefly informed the therapist of the current art group members then engaged in their individual artwork and did not address the group until the discussion period. Apart from the new participant Utkar who commented on his abstract drawing (O1) while creating it, the members talked very little. While Lorenz continued with his series of portraits, drawing a man in front of a wine bottle (L1), Waltraud first created an abstract on a black background (W1) and then concentrated on the object of a vase (W2). Referring to the upcoming holiday season, Cecilie included Christmas plants in her exotic picture (C1), while Bernd drew a Santa Claus (B1).

Figure #11



At Discussion

Lorenz began the discussion by connecting his picture with the disturbing event in the drop in center. He stated that he felt scared when he tried to help restrain Paul who in his rage had a knife in his stomach. After that Lorenz had felt "like drunk". He had a lot of

a drunkard that he subsequently drew (L1) reminded him not only of alcohol as a tension reliever, but also of his previous alcohol addiction that had made life very difficult for him. Congratulating him for his courage, the therapist asked how the other members felt about this crisis. Whereas Oskar said that these things happen and were no big deal, Cecile stated that she did not feel safe in the drop-in center. While Waltraud agreed with her statement, Bernd made no comment. Emphasizing the fact that the drop-in collective had been able to contain its sick member, the therapist then pointed to the possibility of art therapy to channel destructive emotions such as rage into the artwork. Lorenz supported her comment, stating that it was better to draw a bottle of alcohol than to drink it. Alluding to her own feelings with regards to the crisis Waltraud said that her first picture contained many emotions in different colors. Although encouraged by the therapist who pointed out the energetic quality of her images, Waltraud chose not to elaborate on her artwork. •

Following a brief silence, Oskar took over the discussion stating that he liked the green color in his picture, because it reminded him of spring time. Both Waltraud and Lorenz appreciated the freshness in Oskar's drawing. Leading the group back to the presence of winter, Cecile began to talk about her picture which she described as a combination of wintry Canada and her warm homeland. Cecile assented to Oskar who commented that the camel in her picture looked very lonely. As the group turned its attention to the last artwork of Bernd, the topic of Christmas became once more the focus of discussion. All members described Christmas as a potential time of crisis. Cecile and Oskar

stated that they would spend the holidays alone and might feel joyless and isolated. Lorenz and Waltraud as well as Bernd were afraid of conflicts in their families that usually came to the surface at Christmas time. All group members regretted the interruption in their routine and except Oskar stated that they would miss the art therapy sessions.

Group Artwork

The group artwork seemed to reflect two major themes, isolation and anger. Lorenz's drunkard, Cecilie's camel mediated feelings of loneliness whereas Waltraud's boxed-in vase and the turbulent smoke coming from Bernd's house indicated repressed anger. This anger could be related to the thwarted hopes of the members, indicated in Bernd's minute sleigh with its absence of gifts. Instead of obtaining gratification which is even more expected at Christmas time, the group seems to find itself empty handed with little skill to cope with the feelings of rage and isolation that had caused a drop-in member to decompensate.

Group Process

Serving as a safety valve for strong feelings that had been stirred up by the crisis in the drop-in center art process, and art work played an especially important role in this session. Lorenz who had been directly involved in the crisis resolution was able to utilize both therapeutic factors, catharsis and self disclosure to work through his stress reactions. The reflection on his imagery led to his insight that he could channel his feelings constructively into the artwork instead of falling back into his addiction.

At the same time Lorenz set an example of sharing in the group and

made the members aware that they could overcome their negative emotions without being overwhelmed. Furthermore, the group members' sharing of their feelings about Christmas could be seen as an indication that the group was moving back to the inclusion phase. Reflecting the group's general fear of intimacy, isolated clients like Cecilie play an important role in the inclusion phase.

Cecilie's inability to feel safe in the drop-in center might also apply to many other members and subsequently could have an important impact on the art therapy group where a safe therapeutic atmosphere was a precondition for sharing and group progress. While using the defense mechanism of denial to protect their fragile ego, members like Waltraud, Cecilie and Oskar might also react to the real danger of potentially decompensating members by holding back. However, no decompensation occurred in any of the art therapy sessions. Therefore, one might speculate that the group culture discouraged or precluded the participation of such members.

Session 12

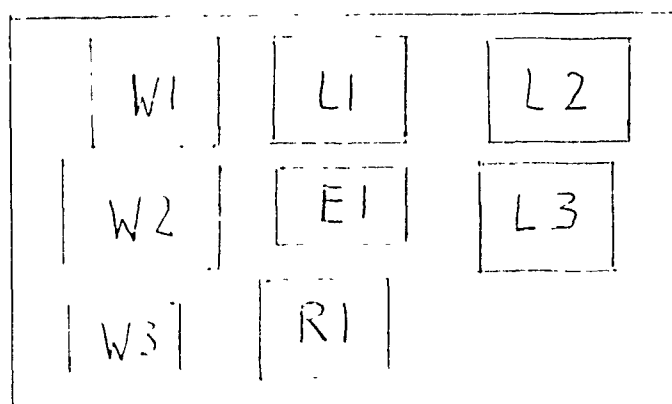
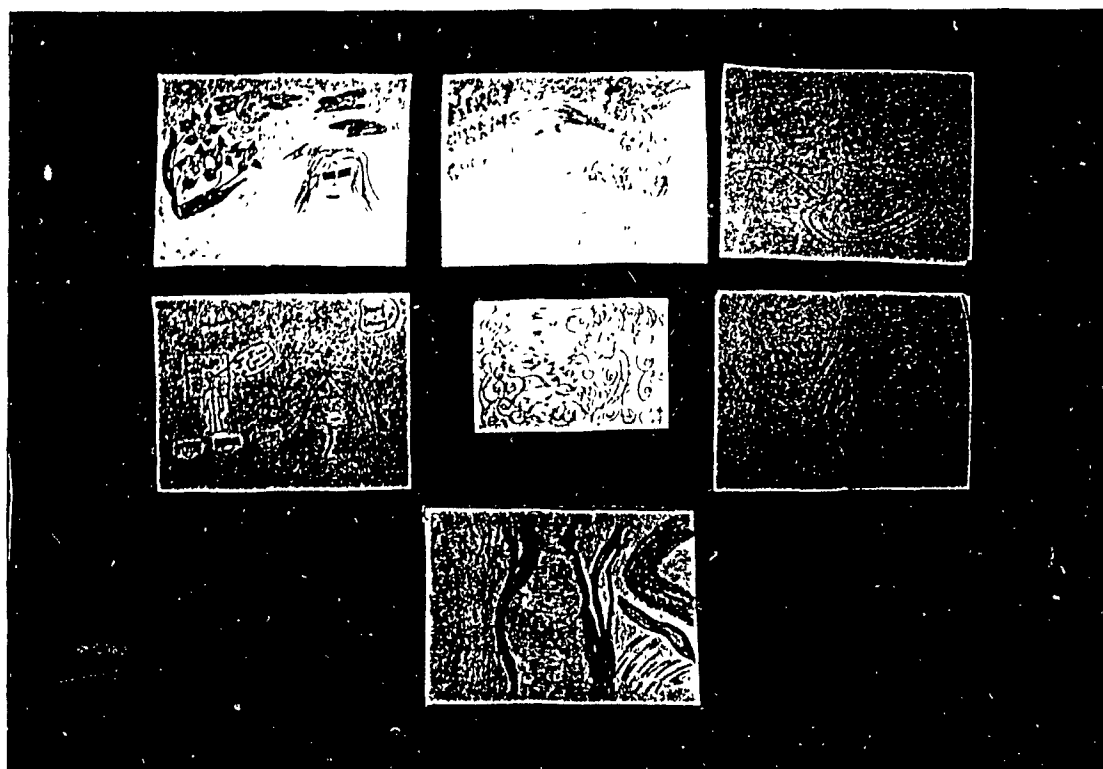
Almost three weeks later the art therapy group resumed its activities. Participants were Emil, Waltraud, Lorenz and two new comers Ralf and Siegfried.

Art Process

Welcoming the group back the art therapist briefly highlighted some of the events in the art therapy from the last year such as the group mural in session 7 or the sharing in session 11. Stating that he was very happy to join the group, Ralf had many questions about art therapy

which he directed to therapist. Subsequently the therapist invited the other group members to answer some of Ralf's questions. Obtaining no response, the therapist briefly restated the group format and then encouraged Ralf to engage in his artwork as a form of self-expression without too much premeditation. The other group members were already involved in their individual art process and and except Emil worked in silence. Contrary to their usual custom Lorenz and Waltraud were seated far apart from each other. Lorenz began his artwork with 2 caricatures (L1 and L2) which he drew very quickly. He then slowed down and worked on a landscape in soft pastel colors (L3). Using a topic that had been characteristic for Lorenz's artwork, Waltraud drew two self portraits (W1 and W2) to which she added other objects. Like Lorenz who titled his first piece "merry fucking christmas," Waltraud gave titles to her imagery such as the solution (W1) or frustration (W2). In addition she characterized her second self portrait with the caption "dreaming, dreaming." Emil, who continued in a dream-like manner to reiterate the problems of the world, drew spiral forms in pastel colors. (E1) He as well as Ralf and Siegfried worked on combining abstract forms in different colors.

Figure #12



At Discussion

At the beginning of the discussion period the therapist inquired about the members' holidays, stating that they "had been driving each other crazy." Waltraud expressed her frustration about her relationship with Lorenz. Without commenting on this subject Lorenz said that he felt

frustrated in his search of employment. Although causing some reaction in other group members such as smiles, Lorenz did not elaborate on the provocative title or imagery of his firing tank (L1), nor on the rest of his art work. Indicating his later role as the junior therapist Ralf said to Lorenz in a confidential tone of voice "you must be very angry", but did not obtain a response from him. Changing the focus of discussion from Lorenz's to Ralf's artwork (R1) Waltraud commented that the black structures looked dangerous and had a quality of death. Ralf replied that his structures were just energy forms.

Using this interaction as an example, the therapist reemphasized the fact that the interpretation of somebody else's art work served mainly as a tool to increase self understanding. She then pointed out that although group members could support each other by sharing their interpretations, their most important task in art therapy was to find out what their reactions and interpretations meant to them. As the therapist redirected Waltraud's comment to her, Waltraud pointed to her first picture (W1) and said that she was feeling in the clouds. She then talked about her wish to get more education and explained how in her picture she had tried to visualize going back to school. Waltraud chose not to comment on her third picture (W3) titled frustration. Since Siegfried had left the group after the art creation period the discussion concluded with the reflection on Emil's picture (E1). Turning his picture around and looking at it from different angles, Emil stated that he was constantly trying to give form to an important message. While Emil himself was unclear about the nature of his message, the other group members also failed to find a specific meaning in Emil's

spirals.

Group Art Work

The group art work, consisting of mainly white and beige sheets of paper and executed in soft pastel color seemed to be removed from the eye of the spectator. A withdrawn and dream-like quality could be found in Lorenz's landscape and abstract, Emil's spirals and Waltraud's self portraits. Waltraud who documented her withdrawal from reality in her caption in W2 also seemed to be cut off from her body which she omitted in each of her self portraits. Waltraud's distancing from her body as the center of emotions could be interpreted as a characteristic behavior of the whole group.

Besides indicating the group's tendency of withdrawal, the art work also seemed to reflect a state of anxiety and the presence of imminent danger. Whereas the dangerous quality of Lorenz's spewing tank was explicit, Waltraud stressed her expression of "a precarious balance which could lead to disaster at any moment" by using a black background in W3. Waltraud's message of impending conflict seemed to be echoed in Ralf's picture who indicated a movement of black structures towards a single red form. While indicating a considerable amount of anxiety in the members, the group art work seemed to also supply them with specific solutions such as the escape into day dream or the flight into an intellectual, abstract world.

Group Process

Although the group members appeared to be still acting on Bion's flight assumption, attributed to the inclusion phase, they also seemed to show characteristics of the parallel phase. Being left alone in

answering Ralf's questions, the therapist seemed to act as the sole communication center of the group while the member showed an increase in dependency on her.

Causes for this regression could be found in the group's difficult passage through Christmas time and the interruption of group sessions for 3 weeks. Furthermore, although there were core members such as Waltraud, Lorenz and Emil who by now participated quite regularly, the influx of new members shifted the group equilibrium constantly, undermining the achievements of the group.

As is characteristic for the parallel phase some of the group members seemed to play certain roles. Whereas Ralf indicated his claim on the position of the junior therapist by his eager behavior and comments during discussion, Emil could once again be seen as the group thermostat who represented the decreased relatedness between group members in his picture. Besides being a defense against his own anxiety, his monologuing might also be interpreted as an effort to cover up the group's renewed feeling of isolation.

Session 13

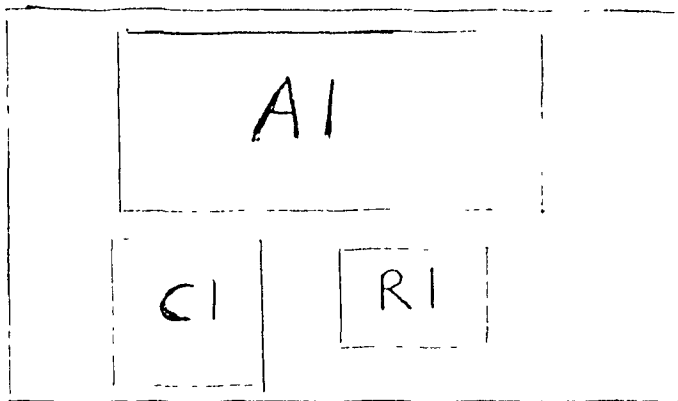
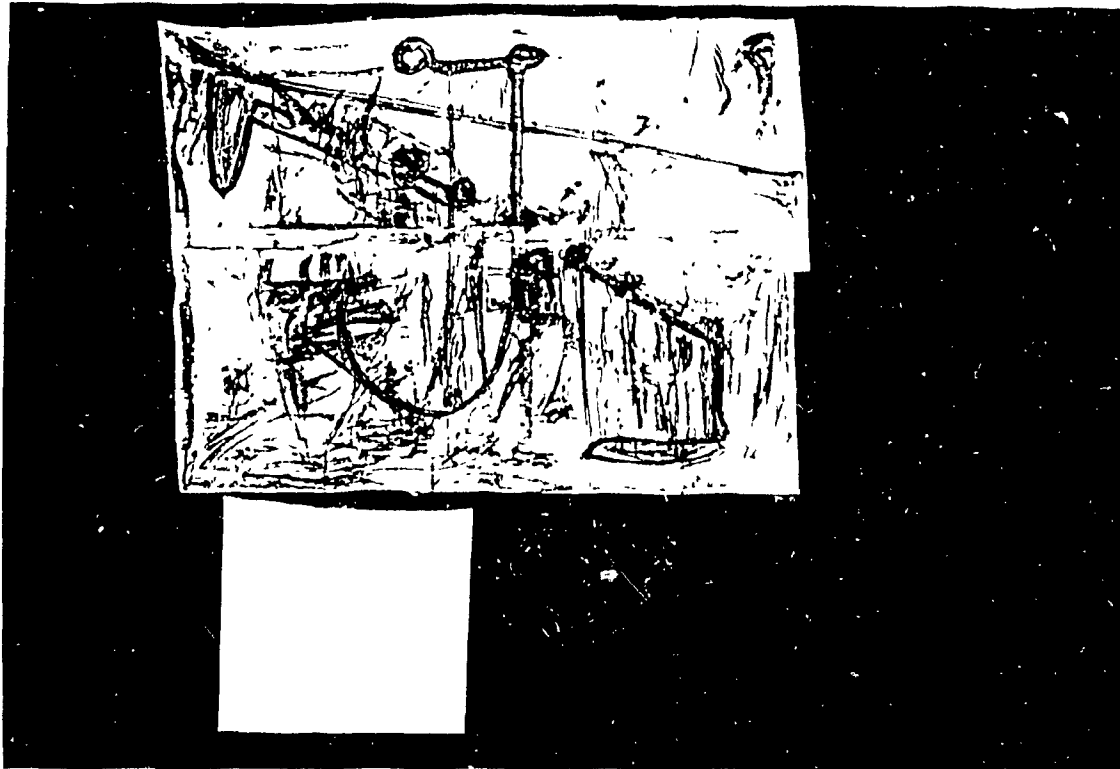
The group consisted of three members, Cecile, Achim and Ralf. Although present in the drop-in center, Emil did not feel well enough to participate.

Art Process

Achim arrived at the session in a state of nervous tension. Because of his hand tremor he enlisted the help of the therapist to prepare a large format for his painting (A1). After the therapist helped him to

mount his piece on the wall, Achim began to paint using 3 brushes at a time. Like the other members, he had arrived at a special combination of medium, technique and format that had become characteristic for his artwork. While Cecilie continued to work with colored crayons on a squareish format she had discovered in session 11, Ralf applied chalk pastels to a black background. Ralf would continue to use the same art material and black format in all consecutive sessions. Whereas Ralf exchanged many comments with Achim during art creation, Cecilie as usual worked in silence.

Figure #13



Art Discussion

Contrary to the previous sessions, Achim took the initiative to comment on his artwork first. Associating the machine-like structure in his picture with a friend who had studied art and mechanics and was now "brain-dead", because of his drug abuse, Achim indirectly referred to his own addictive habits. He said that he did not like the sound of

11, because they brought bad people and for that reason he had erased their announcements on the blackboard of the drop-in and instead written "welcome to art therapy." Achim then turned back to his artwork and stated that it also reminded him of "Kuckucksbahren" which he associated with the therapist's land of origin.

Picking up on Achim's first comment Cecilie saw heavy war machinery in his artwork whereas Ralf with his interpretation of a curtain presented a different point of view. Ralf elaborated that the curtain was like Achim's facade and nobody was interested in what was going on inside. Being asked by the therapist if he felt that nobody was interested in his real person, Ralf paused and then nodded his head. Like Ralf the other two members did not discuss this subject further.

After the discussion of Achim's artwork the group turned its attention to Cecilie's art work. Cecilie commented that her depiction of a court procedure was a kind of training for real life in which she shortly had to go to court to defend her rights. She then continued the description of her image by stating that the woman judge in her picture had already decided against the plaintiff's claim. Achim agreed with her view and added that for him the many books represented red tape which was impossible to get through. However, Ralf suggested that the judge looked like a figure from a comic strip and should not be taken seriously.

Comparing his present image to that of session 11, Ralf turned the focus of attention to his own artwork. He remarked that this time his energy forms were "bigger and looked like cells in an incubator which were waiting for a catalyst." Being asked to expand on the nature of the

catalyst by the therapist, Ralf said that they needed warmth and love. He then told the group that he found the black background very appropriate for his art expression, because he was a stillborn child and led only a borrowed life. As the therapist asked for clarification, Ralf elaborated that he had been an unwanted baby. No comments were made from the other group members. The therapist concluded the session by stressing the validity of any kind of self-expression.

Group Art Work

Because of its largeness and vivid colors, Achim's artwork seemed to draw the most attention in the group art. Its machine-like structure could be seen as a assembly line that processed round black product which looked like bullets indicating a high emotional charge. The same theme of processing or production might be found in Ralf's energy forms. Interpreted as the inside of a cell, Ralf's black background contained distinct structures which seemed to produce energy for the whole organism. A different product, justice, was being negotiated in Cecilie's court room. Cecilie's plaintiff who had taken her claims to court might be representative for the other group members who feel that their process of self-expression was being observed and judged, positively or negatively by the therapist.

Group Process

Considering the continuing centrality of the therapist, the group appeared to be still in the parallel phase. As is characteristic for this stage of group development, Ralf played the role of the junior therapist who tried to help Cecilie in reversing the power of her action judge. Ralf's action could also be interpreted as a defense against his

own anxiety, generated by the image of the judge. However, his use of defense mechanisms such as projection became more visible in his comments on Achim's artwork revealing his own fear that nobody could be interested in him.

From a different point of view Ralf's dealing with the woman judge might be also an expression of his transference towards the therapist. Seeing her as a mother figure, Ralf diminished her power by making her into a comic strip figure while, at the same time, he expected her in the metaphor of the catalyst to finally supply the love and care for the unwanted child in him.

Like Ralf Achim revealed his transference to the therapist in his associations of Kuckuckshühnen with his artwork. Already indicating his sexual and/or mother transference in previous sessions Achim seemed to behave towards the therapist like a son who needed undivided attention or like a partner whose behavior was teasing and admiring at the same time.

Contrary to the loving care that Achim and Ralf expected from the therapist, Cecile had already decided that the judge would dismiss her claim. Cecile's punitive and judgemental judge could be the expression of negative transference towards the therapist, or it also might be a reflection of Cecile's overbearing, guilt generating super ego. Cecile's guilt feelings and disbelief that any authority figure could be on her side seemed to be shared by Achim in his description of the overwhelming red tape and by Ralf in his delusion of being a still born child. However, although the therapist might represent an authority figure, the group members felt comfortable enough to make their claims

known and like Cecilie use the arena of art therapy as a training ground to increase their chances of success in real life. Furthermore, Achim who was feeling increasingly safe in art therapy "which did not brainwash people" took one step forward from mere catharsis towards self disclosure.

Session 14

The group was composed of seven members, Dietmar, Achim, Waltraud, Lorenz, Ralf, Thomas and Udo. Achim had persuaded Udo, a friend he knew from outside the drop-in center, to join the art therapy group.

Art Process

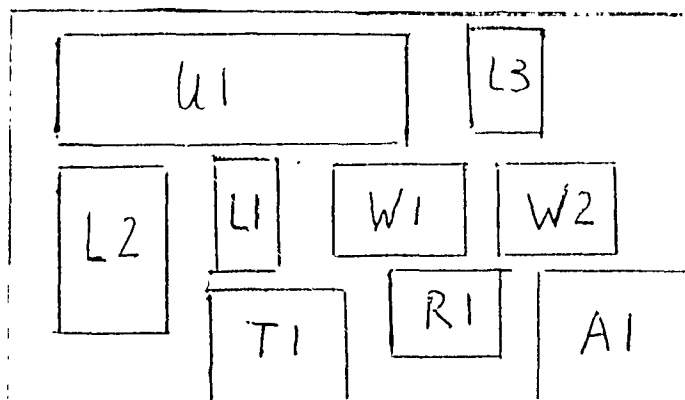
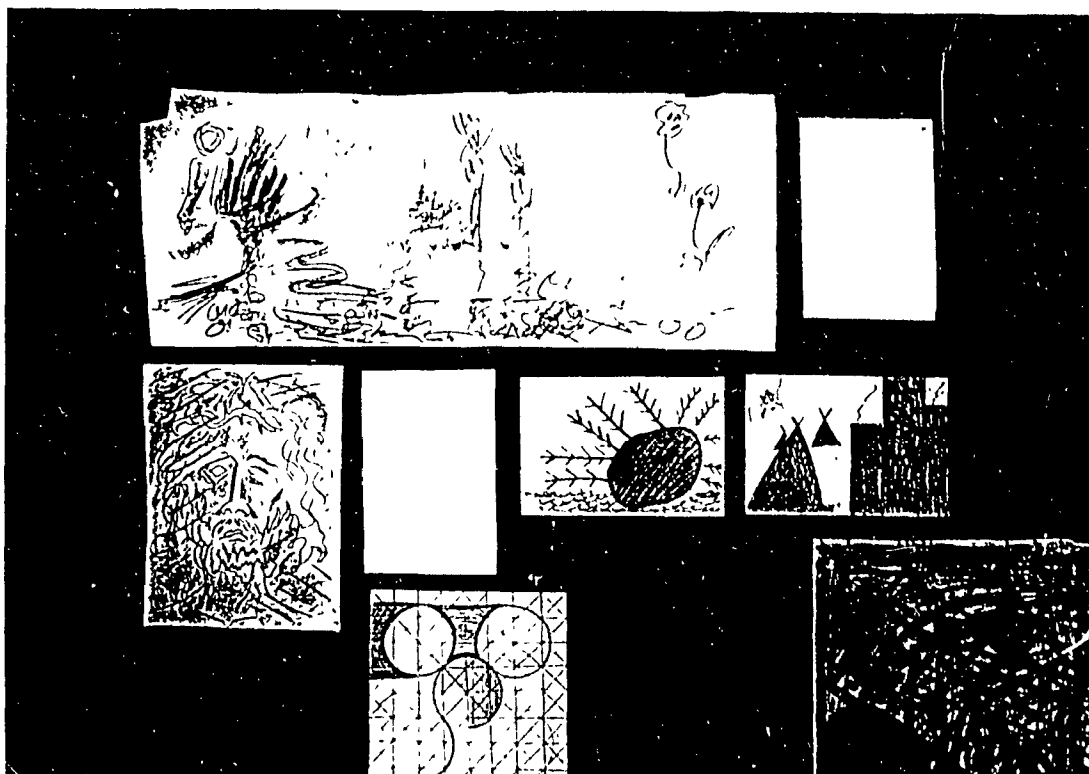
At the beginning of the session, Lorenz helped Achim to mount a large surface on the wall. While Achim began to paint spontaneously (A1), Udo had difficulty to get started. He kept close to Achim and made comments about his artwork which was developing quickly. Feeling interrupted in his concentration, Achim advised Udo in no uncertain terms to do his own self expression. Udo who began with a scribble became more and more interested in his artwork (U1) and worked concentratedly until the end of the art creation period. Contrary to him Dietmar spent only a little time on his artwork drawing a caricature and then left the group.

Without taking notice of the group Waltraud and Lorenz were sitting side by side communicating with each other through images. While Lorenz was drawing a picture of a crying woman (L1), Waltraud represented a round object being attacked by an arrow (W1). Later Lorenz

added a self-portrait with Christ features (I2), followed by a sheet covered with dollar signs (I3) and Waltraud contrasted city buildings with Indian tents and a mask (W2).

Separating himself from the other group members, Thomas worked on a small table. Since he could not find a ruler nor a compass among the art materials, he used a piece of broken furniture to create an exact square format (I1). He then proceeded to draw geometrical patterns which he gradually accentuated with different colors. Working in similar isolation like Thomas, Ralf continued with his colorful patterns on a dark background (R1).

Figure #14



Art Discussion

The discussion began with the reflection of Udo's artwork. Udo also could not see anything meaningful in his picture, was surprised about the discoveries of other members, such as "a plate player" in the left corner or abstract flowers. Finding a quality of poetry and peace in his

artwork, the group's perception stood in contrast to Udo's cynical opinion about himself and his productions. Pursuing the theme of music Thomas began to talk about his artwork and described it as an effort to translate music into visual form. Dietmar, who had come back for discussion associated a sense of balance with Thomas' artwork whereas Ralf saw a tape recorder. He asked Thomas whether he felt that he was playing old tapes in his brain all over again. While Thomas made no comment, the therapist encouraged Ralf to talk about his own artwork. Ralf commented that he had drawn the same energy patterns, but they were now in space. He defended his interpretation against Dietmar's comment who sensed sadness and depression in his artwork. The group's attention then moved to Dietmar's artwork. Having wanted to portray a suffering Christ as a symbol for injustice, Dietmar was dissatisfied with his figure which looked dead, stupid and to his astonishment smiled instead of looking sad. Whereas Ralf interpreted the smile as a smirk, Waltraud found Dietmar's Christ helpless and simple. Continuing with the reflection on the symbol of Christ the therapist guided the discussion to Lorenz's artwork in which one picture had Christ features. Lorenz first described his woman portrait as an expression of compassion for Waltraud's sadness. His statement was countered by Waltraud who denied that Lorenz could have any deep feelings. Making no direct reply to Waltraud, Lorenz presented his second Christ-like image as a self presentation and commented that "there was pain inside and outside." He then added that one eye of his figure was alcoholic and the other on welfare. Although some of the group members smiled, no comment was made and the discussion moved to Waltraud's artwork who stated that she had

described the fate of the earth in both of her images. The last artwork to be discussed was Achim's large painting. Being asked by Achim to move away and look at it from a distance, the members gave different interpretations such as day and night by Dietmar and disruptive energy by Lorenz. Achim himself stated that he had wanted to create one piece, but instead found himself with two different parts. The discussion concluded with his own interpretation of two opposites: summer and winter and warm and cold.

Group Artwork

Like the group's imagery of the first session, the group artwork in this session could be characterized by the depiction of opposites, such as Achim's winter and summer, Waltraud's tents and modern rectangular buildings, Thomas's sharp geometrical forms and Waltraud's organic earth form, and the musical, light flavor of Udo's picture border, the "heavy darkness" of Ralf's picture. Indicating intense feelings by its many opposites, the group artwork seemed to have its focus in the theme of suffering. This theme was expressed by two Christ-like figures, A and D and also by Waltraud's image of the earth under attack, or her allusion to Indian culture being threatened by modern urban development (W2). Whereas Waltraud seemed to identify more passively with the suffering of the earth or the Indians, Dietmar's smiling Christ indicated ambivalence and may be even contempt for the victim's role. As opposed to the other 3 images, Lorenz Christ's was openly presented as a self image indicating Lorenz's cycle between alcohol and welfare dependency. In summary the group artwork seemed to represent the members's pain about their illnesses and their consequences, perhaps fear

social status, low self esteem and difficult relationships.

Group Process

Although Waltraud's and Lorenz's dialogue through imagery and their occasional comments pointed to deep difficulties in their personal relationship, the interactions in the art therapy group indicated an increase of relatedness and quality of relationships. Whereas Lorenz stopped to avoid "his big brother Achim" and instead helped him to mount his piece, Achim began to assert his boundaries and protect the integrity of his art work. Achim's self assertion was accepted by Udo who by following Achim's example became able to channel his own anxiety into artwork.

Besides the therapeutic factor of interpersonal learning, two other factors, the instigation of hope and the activation of the collective unconscious, were more apparent in this session than in others. During the discussion of his artwork Udo became aware that his negative perceptions did not match the perceptions of the group. Instigating new hope, the positive comments of the group members led Udo to reevaluate his artwork and subsequently his negative self image which was closely connected to it.

Although, as the author believes, the third therapeutic factor, the collective unconscious, was in operation from the very beginning of the art therapy group, it was even more prominent in this session. Interpreted as a collective truth, Ralf's comment of "mind tapes," seemed to be more than an individual projection. A constant rerun of old family situations in their minds might prevent most or all group members from living more constructively. Furthermore, the fact

that two members ended up with the opposite representation of what they had intended might be significant for the whole group which seemed to be operating from Bion's basic assumptions, missing out on the achievements of a reality oriented work group. However, considering the increase in sharing among the members, the group seemed once again to progress towards higher stages of group development.

While the art therapy group, presented in this thesis, ended 5 months later the author decided to end her case reports at this point to avoid repetition. After session 14 the next art therapy group could only be held 3 weeks later. Besides showing a new decline in membership, the group seemed to start all over again from the parallel phase. Moving slowly to the inclusion phase it would then oscillate between the two, depending on the influx of new members and the impact of individual illness.

Although some members showed a potential for mutuality, the group as a collective never reached the mutuality phase. As could be expected the termination of the art therapy was very painful for those group members who had discovered the group as an important resource and were using it on a regular basis.

CHAPTER V

CONCLUSION

Coming from a medical, scientific background the author has learned to appreciate art therapy as a therapeutic approach that addresses not only the external visible components of human beings but also their internal world. While a broken leg often has a clear rationale in terms of cause and effect, symptom and cure, the woundedness and distortions of the clients' inner world which are made visible in art therapy do not lend themselves to clear cut solutions, although they influence their well being in a major way.

To gain access and work with inner perceptions is even more important in the work with schizophrenic clients who tend to be encapsulated in their inner world. While mainly a function of their illness, their isolation is being reinforced by society which does not provide adequate resources for them. Returning to the community after psychotic episodes, schizophrenic clients lack activities that would help them to reintegrate and contribute to society in a meaningful way. Instead they live a fringe existence and not only have to cope with their illness and its consequences such as low self esteem, low social status and loss of relationships, but also with society's denial of them as being useful members. Introducing group art therapy into a drop in center was an attempt to help these clients express their needs and frustrations and build a "social microcosm" in which they could

learn self acceptance and establish new relationships (Yalom, 1985, p.30).

Taking into account the difficulty and fear of authority of schizophrenic clients, group therapists need to be very sensitive group leaders. The therapist of the presented art therapy group played mainly the role of the empathic listener and only on occasion acted as a empathic facilitator (Levine, 1979, p 282). This particular function of the therapist can be partly attributed to the limited group development, but at the same time, it was also a reflection of the therapist's professional development. Especially at the beginning, the author felt more comfortable to exert only a holding function, avoiding confrontations with acting out members. From making tentative interventions such as assembling the group collage (session 1), encouraging comments (session 6), suggesting a group mural (session 7) to building a container for "difficult" artwork (session 9), redirecting comments (session 12 and 13) and focussing on deeper connections of the artwork (session 13), the therapist developed a higher degree of self awareness and confidence in her therapeutic role.

Undergoing a profound learning experience with her art therapy group the author first was struck by its intense emotions and its lack of need gratification. After overcoming her initial fears that the group members might overwhelm her with their intense needs, which she could not possibly meet, or with their frustrations which sometimes manifested themselves in chaotic behavior, her main countertransferenceal issues were her own wishes to be needed and liked. Predominantly at the

beginning she also felt a strong wish of being powerful, not only to be able to help and/or heal her clients, but also to protect herself against possible assault from a decompensating member. However, as she adapted to the working situation in the drop-in center and her role as group therapist, she learned to trust the members ability to contain themselves and help each other through and in the group process.

Using a non directive approach in which she was mainly listening was a valuable experience for the author, counteracting her tendency of wanting to make things happen. Although her initial impression of "descending in the belly of the whale" as she entered the drop-in center, remained the same, the author began to do it more and more joyfully as time progressed. Together with her art therapy group she learned to appreciate the seemingly restless energy emanating from some members, which eventually turned into creative activity.

As the group progressed, the author also came to appreciate the importance and variety of defense mechanisms that allowed each member to cope with his or her difficulties in a unique way. While helping the members to deal with their negative feelings constructively, the process of spontaneous art making also seemed to add a new dimension to their lives. Given Wadeson's definition of the creative process as "a striving towards mastery" the clients were not only given a tool to express themselves freely, but could use it to modify or recreate an entire new world in which they were in control (Wadeson, 1987, p.1)

The empowerment of the group is the major objective of supportive group therapy described in this thesis. Taking into account the

fragility of schizophrenic clients the primary therapist's task is not to analyze, but to facilitate by first establishing a clear communication system. Only if the group progresses in its development will the therapist be able to modify her function from empathetic listening to interpreting the group's interactions.

While the therapist has an important function in witnessing and acknowledging the frustrations and successes of the group, the group art work is the testimony as well as the container of its struggles. Allowing them to channel their negative emotions, it enables the members to deal with their stresses immediately. In a second step they then can reflect on their self-expression more objectively and find new problem solutions. Should their own material become too overwhelming, the group members have the possibility to avoid confrontation by displacing it on somebody else's art work. It's the therapist's task to help the members retrieve their displaced feelings as they develop the capacity to receive them.

Besides empowering the individual member, the reflection on the group art work helps the group to become aware of its collective strength. This pooling of resources takes not only place in the discussion of the group artwork, but is also an intrinsic part in the creation of group murals. As shown in this case study, even if schizophrenic clients might vary in its ability for creative expression session to session and often avoid the conjoint endeavor of creating a mural.

Applying different concepts of group therapy to form of therapy

group the author tried to give a deeper understanding of its progress and regression. From Levin's 5 phases of group development only two could be observed in the process of the last therapy group, the parallel and the inclusion phase. Due to the fragility of its members and its operations, the group reached the inclusion phase only after 7 sessions and then oscillated between the parallel phase and inclusion phase for the rest of its existence. While Levin marks the end of the parallel phase by the occurrence of a global authority crisis, the author did not find such clear delimitations between the two phases and instead used more general criteria such as a decrease of the therapist's centrality and an increase of relationships between the members to distinguish between the two phases.

Bion's concepts of the dependency assumption, attributed to the parallel phase and the flight-flight assumption, attributed to the inclusion phase were also discussed as barometers of group development. Although some members indicated their potential for insight and realistic work group activity, the group as a whole continued to operate from these irrational emotional states. At this point it is not clear to the author, whether the change from the dependency assumption to the assumption of flight, characteristic for this particular group, indicated by itself an increase in group maturity. However, viewed in combination with other parameters discussed in this thesis it increases in its validity.

The same limitations apply to the application of Erikson's individual developmental conflicts to the group. While the group

members need to learn how to trust each other and the therapist, assert and claim their autonomy in form of verbal and non-verbal self-expression and develop the ability to take initiative. These activities could be observed in the group simultaneously, asserted at different times by different members. Therefore, it can be difficult for the therapist to discern whether the group as a whole has successfully negotiated a particular conflict. However, Erikson's sequence of trust versus distrust, autonomy versus shame and doubt and initiative versus guilt, indicating a growing psychological maturity, seemed able to apply to group development.

Providing the material for a recurrent group theme, Whitaker and Lieberman's concept of a group focal conflict can be more easily integrated in the description of the group under discussion. Some members reflected in their artwork the disturbing wish of the group members for special gratification recurring in different variations. Although some members were valued for their contribution, the group as a whole was unable to recognize the specialness of each member and therefore could not implement an enabling solution that would lead to a different group focal conflict.

As the author changed her focus on group development to the observation of therapeutic factors that can operate at any time in the group process, she found that some factors carried more weight than others. Utilizing 1) catharsis, 2) self-disclosure, 3) interpersonal learning and 4) the activation of the ego defense mechanism, the members were able to cope with crisis situations. Coping with

perceptions within the group, modify their behavior and become aware of the group's potential. At the same time the author observed that the unconscious material which is evoked by the first two factors could also increase the level of anxiety in the group and lead to its regression.

Adapting her approach to the voluntary nature of the drop-in center and the needs of its clients, the author chose to have an open group and be non-directive with regards to the artwork. Given the fragility of the members and their fluctuating membership, the first decision seemed to be a necessity, whereas the second was made by the therapist who wanted to explore this approach with this particular population.

Working with schizophrenic clients, group therapists need to be aware of their own as well as of their clients' limitations. It seems that these clients enhance both the "rewarding and challenging" quality of group art therapy described by Wadeson (1987). Besides witnessing and being part of the clients' struggle with authority and intimacy, art therapists can feel exhilarated by the wealth of imagery and at the same time be disappointed by their limited ability to make insight promoting interpretations.

Taking these limitations into account the group art therapist can work with a range of schizophrenic clients. Although some authors like Yalom have found that the inclusion of an actively paranoid client is contraindicated in group therapy, the author observed a self-regulating mechanism in her open art therapy group (Yalom, 1970). The participation of group destructive members was either discouraged or precluded.

Although the members were extremely sensitive to the therapist's

directions, they might have benefited from more practical suggestions such as given in the suggestion of the group mural. In addition it might be beneficial for the group members to have two therapists, increasing their transference opportunities. Provided that they function well as a team, the therapist and co therapist could benefit from mutual support, sharing the responsibility of leadership. While one therapist would be free to concentrate on the individuals in the group, the other could be more observant of the group process.

REFERENCES

- Agazarian, E. M. (1982). The Relationship Between The Individual And The Group. In M. Pines, and E. Rafaelson (Eds.), *The Individual And The Group: Boundaries and Interrelations, Volume 1: Theory* (pp. 181-192). New York: Plenum Press.
- Alexander, F. (1963). Unexplored Areas in Psychoanalytic Theory and Treatment. In G. Daniels (Ed.), *New Perspectives in Psychoanalysis: Sandoz-Palo Lectures, 1957-1963* (p. 75). New York: Grune and Stratton.
- Alexander, F. (1961). *The Scope of Psychoanalysis 1921-1961: Selected Papers of Franz Alexander*. New York: Basic Books.
- Anthony, E. E. (1987). The Individual And The Group As Seen By The Therapist. In M. Pines, and E. Rafaelson (Eds.) *The Individual And The Group: Boundaries and Interrelations Volume 1: Theory* (pp. 27-39). New York: Plenum Press.
- Assael, M. (1966). Spontaneous Painting: Means of Communication. *Culture et psychiatrie*, 21, 10-24.
- Becher, A.R. (1991). Psychotherapy with Schizophrenics in Team Groups. A Systems Model. *American Journal of Psychotherapy*, XLV (1), 73-86.
- Benjamin, A. (1978). *Behavior in Small Groups*. Boston: Houghton Mifflin Comp.
- Bulter, O., and Burton-Bradley B.G. (1978). *The Painted Message*. New York: Schenkman Publ.
- Bion, W.R. (1961). *Experience in Groups and other papers*. London: Tavistock.
- Bland, R.C. (1984). Long Term Mental Illness in Canada: An Epidemiological Perspective on Schizophrenia and Affective Disorders. *Can. J. Psychiatry*, 29, 242-246.
- Bland, R.C., Stebelsky, G., Orn, H., Newman, S.C. (1988). Psychiatric disorders and unemployment in Edmonton. *Acta Psychiatrica Scandinavica*, 77 (Suppl 338), 72-80.
- Bloch, S., and Crouch, E. (1985). *Therapeutic Factors in Group Psychotherapy*. Oxford: Oxford University Press.
- Boegel, K. and van Marrewang, E. (1991). The Healing Qualities of Art

- Art Therapy Journal of the American Art Therapy Association*, 8 (1), 12-16
- Bond, G.R. and De Graaf-Kaser, R. (1990). Group Approaches for Persons with Severe Mental Illness: A Typology. *Social Work with Groups*, 13 (1), 21-36
- Boudreau, F. (1986). From asylum to mental health: Is the patient any better off? *Canada's Mental Health*, March 1986, 16-18
- Brown, D.G. (1985). Bion and Foucault: basic assumptions and beyond. In M. Pines (Ed.), *Bion and Group Psychotherapy* (pp. 192-210). London: Routledge and Kegan Paul
- Bussard, A. and Kleinman, S. (1991). Art Therapy with AIDS Patients. In H. B. Landgarten and D. Tubbers (Eds.), *Adult Art Psychotherapy* (pp. 144-173). New York: Brunner/Mazel
- Carney, S. (1986). Symbol Building In Schizophrenic Disorders. *Pratt Institute Creative Arts Therapy Review*, 1, 31-42
- Carpenter, W.T. and Strauss, J.S. (1991). The Prediction of Outcome in Schizophrenia: Eleven-Year Follow Up of the Washington H²S Cohort. *The Journal of Nervous and Mental Disease*, 179 (9), 517-525.
- Cormier, H.J., Borus, J.F., Reed, R.B., Pinard, G. and Leonard, R. (1987). Combler les besoins de services de santé mentale des personnes atteintes de schizophrénie. *Revue Can. de Psychiatrie*, 32, 454-457.
- Cowden, R.C. (1955). Empathy or Projection? *Journal of Clinical Psychology*, 11: 188-90.
- Cumming, J. and Cumming, F. (1959) *Ego and Milieu: Theory and Practice of Environmental Therapy*. London: Tavistock Publications.
- Daniels, G. (Ed.) (1965). *New Perspectives. In: Psychoanalytic Studies: Sander Rado Lectures 1957-1963*. New York: Grune and Stratton
- Dowler, J.M., and Jordan-Simpson, D.A. (1990). Participation of People with Disabilities in Selected Activities. *Health Report*, 2 (3), 269-277
- Dworkin, R.H., Lenzenweger, M.F., Molden, S.G. and Cornblatt, B.J. (1987). Genetics And The Phenomenology Of Schizophrenia. In P.D. Harvey and E.E. Walker (Eds.), *Positive And Negative Symptom In Psychosis: Description, Research and Future Directions* (pp. 262-288). Hillsdale, New Jersey: Lawrence Erlbaum Associates, Inc.

- Erickson, E. H. (1963). *Childhood and Society*. New York: W. W. Norton and Company.
- Fortin, D. (1984). Unemployment as an emotional experience: the process and the mediating factors. *Canada's Mental Health*, Sept. 1984, 6-9.
- Fromm, S. H. (1964). *Therapeutic group analysis*. London. Allen and Unwin.
- Fried, L. (1971). Basic Concepts in Group Psychotherapy. In H. I. Kaplan and B. J. Sadock (Eds.), *Comprehensive Group Psychotherapy* (pp. 47-70). Baltimore: The Williams and Wilkins Company.
- Gentleman, Byers, J. (1991). Suicide as an Abortive Life Stage of Development. In H. B. Landgarten and D. Lubbers (Eds.), *Adult Art Psychotherapy* (pp. 21-48). New York: Brunner/Mazel.
- Gholizadeh, A. M. (1973). Graphic Art and Its Relation to Conceptual Thinking. *Continua psychiatrica*, 21, 165-169.
- Grodjohn, M. (1977). *The Art and Technique of Analytic Group Therapy*. New York: Jason Aronson, Inc.
- Hallowitz, L. (1951). Activity Group Psychotherapy as Preparation for Individual Treatment. *International Journal of Group Psychotherapy*, 1: 337-47.
- Hare, A. P. (1973). Theories of Group Development and Categories for Interaction Analysis. *Small Group Behavior*, 4, 259-303.
- Harvey, P. D. (1987). Laboratory Research: Its Relevance To Positive And Negative Symptoms. In P. D. Harvey and E. E. Walker (Eds.), *Positive And Negative Symptoms In Psychosis: Description, Research and Future Directions* (pp. 68-93). Hillsdale, New Jersey: Lawrence Erlbaum Associates, Publ.
- Harvey, P. D. and Walker, E. E. (Eds.) (1987). *Positive And Negative Symptoms In Psychosis: Description, Research and Future Directions*. Hillsdale, New Jersey: Lawrence Erlbaum Associates, Publ.
- Harvey, A. M., Johns, R. J., McKusick, V. A., Owens, A. H., Ross, R. S. (1984). *The Principles and Practice of Medicine, Twenty-First Edition*. Norwalk Connecticut: Appleton-Century-Crofts.
- Henry, M. (1988). Revisiting Open Groups. *Groupwork*, 3, 215-228.
- Jacob, L. (Ed.) (1971). *Conscious and Unconscious Expressive Art in Psychiatry and Art*, Vol. 3. Basel: Karger.
- Jackson-Christmas, J. (1972). Group Rehabilitative Approaches In Socially and Economically Disadvantaged Communities. In C. J. Sager

- and H.S. Kaplan (Eds.), *Progress in Group and Family Therapy* (pp. 764-771). New York: Brunner/Mazel.
- Johnston, M.H. and Holzman, P.S. (1979). *Assessing Schizophrenia: Thinking A Clinical Research Instrument for Measuring Thought Disorder*. San Francisco: Jossey-Bass Publ.
- Kaplan H. I. and Sadock, B.J. (1971). *Comprehensive Group Psychotherapy*. Baltimore: The Williams and Wilkins Company.
- Kulcsar, S. (1978). Expression and Communication in Psychiatric Art. *Confinia pschiatrica*, 21, 175-178.
- Landgarten, H.B. (1981). *Clinical art therapy*. New York: Brunner/Mazel.
- Landgarten, H.B. (1987). *Family art psychotherapy*. New York: Brunner/Mazel.
- Landgarten, H.B. and Lubbers D. (Eds.) (1981). *Adult Art Psychotherapy*. New York: Brunner/Mazel.
- Levine, B. (1979). *Group Psychotherapy: Practice and Development*. Englewood Cliffs, N.J.: Prentice-Hall Inc.
- Lieberman, M.A., Yalom, I.D., and Miles, M.B. (1973). *Encounter group: first facts*. New York: Basic Books.
- Liebmann, M. (1986). *Art therapy for groups, a handbook of theory, aims and exercises*. Cambridge, Mass.: Brookline Books.
- Lin, K. and Kleinman, A. (1988). Psychopathology and Clinical Course of Schizophrenia: A Cross-Cultural Perspective. *Schizophrenia Bulletin*, 14 (4), 555-567.
- Lovlie, A. (1982). *The Self of the Psychotherapist: Movement and Stagnation in Psychotherapy*. Oslo: Universitetsforlaget.
- Lubart, L. (1985). The Use Of Structured Art And Movement With Chronic Schizophrenic Adults. *Pratt Institute Creative Arts Therapy Review*, 6, 37-43.
- Maxmen, J.S. (1978). An educative model for inpatient group therapy. *International Journal of Group Psychotherapy* 29, 321-33.
- Marinow, A. (1971). The Schizophrenic Patient Draws his Delusion. In I. Jacob (Ed.), *Conscious and Unconscious: Expressive Art in Psychiatry and Art*, Vol. 3, (pp. 69-76). Basel: Karger.
- Mc Cranie, E.W. and Mizell, I.A. (1972). Aftercare for psychiatric patients: does it prevent rehospitalization? *Hosp. Community Psychiatry*, 29, 584-587.

- Miller, M. (1957) *On not being able to paint*. New York: International Universities Press.
- Reichstad, M. (1979) *The Colors Of Rage And Love*. Oslo: Universitetsforlaget.
- Reich, L.M. (1987) Afterword. In P.D. Harvey and F.E. Walker (Eds.) *Positive And Negative Symptoms In Psychosis - Description, Research and Future Directions* (pp. 289-293). Hillsdale, New Jersey: Lawrence Erlbaum Associates, Publ.
- Thimmet, D. (1982). Transference And Countertransference In Group Psychoanalysis. In M. Pines and I. Rafaelsen *The Individual And The Group: Boundaries and Interrelations Volume1: Theory* (pp.639-644). New York: Plenum Press.
- Unger, G.D. and Gould, P. (1987) *Using Drawings in Assessment and Therapy A GUIDE FOR Mental Health Professionals*. New York: Brunner/Mazel.
- Perry J.W. (1976) *Root OR Renewal In Myth And Madness*. San Francisco: Jossey-Bass Publ.
- Pines, M. (1985) *Bion and Group Psychotherapy*. London: Routledge and Kegan Paul.
- Pines, M. and Rafaelsen, I (Eds.) (1982) *The Individual And The Group: Boundaries and Interrelations, Volume 1: Theory*. New York: Plenum Press.
- Prinzhorn, H. (1972) *Artistry of the Mentally Ill*. New York: Springer Verlag.
- Reznick, S. (1985) The space of madness: In M. Pines (Ed.), *Bion and Group Psychotherapy* (pp 220-246). London: Routledge and Kegan Paul.
- Rilke, R. M. (1981). Sense of Something Coming. In R. Bly (Ed.) *Selected Poems of Rainer Maria Rilke* (p.79). New York: Harper and Row.
- Rhyne, J. (1973) *The gestalt art therapy experience*. Belmont, California: Wadsworth Publ.
- Sager, C. L. and Kaplan, H. S. (Eds.) (1972) *Progress in Group and Family Therapy*. New York: Brunner/Mazel.
- Schermer, V. L. (1985) Beyond Bion: the basic assumption states revisited. In M. Pines (Ed.), *Bion and Group Psychotherapy* (pp 139-150). London: Routledge and Kegan Paul.
- Sherwood, M. (1964). Bion's experiences in groups: a critical evaluation.

- Siegel, L. (1988). The Use of Mural And Metaphor With A Schizophrenic Population For Recovery In A Trauma Situation. *Pratt Institute Creative Arts Therapy Review*, 9, 40-53.
- Shulman, L. (1988). Groupwork Practice With Hard To Reach Clients: A Modality Of Choice. *Groupwork*, 1, 5-16.
- Stark Shields, S. (1991). Mothers of Incestuously Abused Children in Group Art Therapy. In H. B. Landgarten and D. Tubbers (Eds.), *Art Psychotherapy Issues and Application* (pp.111-143). New York: Brunner/Mazel. pp.111-143.
- Stein, A. (1982). Group And Individual Boundaries. In Group Psychotherapy: Theoretical And Technical Considerations. In M. Pines and L. Refaelsen (Eds.), *The Individual And The Group: Boundaries and Interrelations: Volume 1. Theory* (pp.209-230). New York: Plenum Press.
- Stone, B.O. (1971). Escape into Space: The Graphic Expression of Anaclitic Anxiety. In L. Jacob (Ed.), *Conscious and Unconscious Expressive Art in Psychiatry and Art, Vol. 3*, (pp. 86-92). Basel: Karger.
- Toews, J. (1986). The chronic mental patient and community psychiatry: a system in trouble. *Canada's Mental Health*, June 1986, 2-7.
- Ulman, E. (1971). The Power of Art in Therapy. In L. Jacob (Ed.), *Conscious and Unconscious Expressive Art in Psychiatry and Art, Vol 3*, (pp.78-85). Basel: Karger.
- Vorbusch, H.J. (1977). The Use of a Special Art Therapy Method in Schizophrenic Patient Groups. *Contemporary psychiatry*, 20, 133-194.
- Wadeson, H. (1980). *Art psychotherapy*. New York: Wiley.
- Wadeson, H. (1987). *The dynamics of art psychotherapy*. New York: John Wiley and Sons.
- Whitaker, D. and Lieberman, M.A. (1964). *Psychotherapy through the Group Process*. New York: Atherton Press.
- Winnicott, D.W. (1960). The theory of the parent-infant relationship. *Internat. J. Psycho-Analysis*, 41, 585.
- Yalom, I.D. (1970) *The Theory and Practice of Group Psychotherapy*. New York: Basic Books.